DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

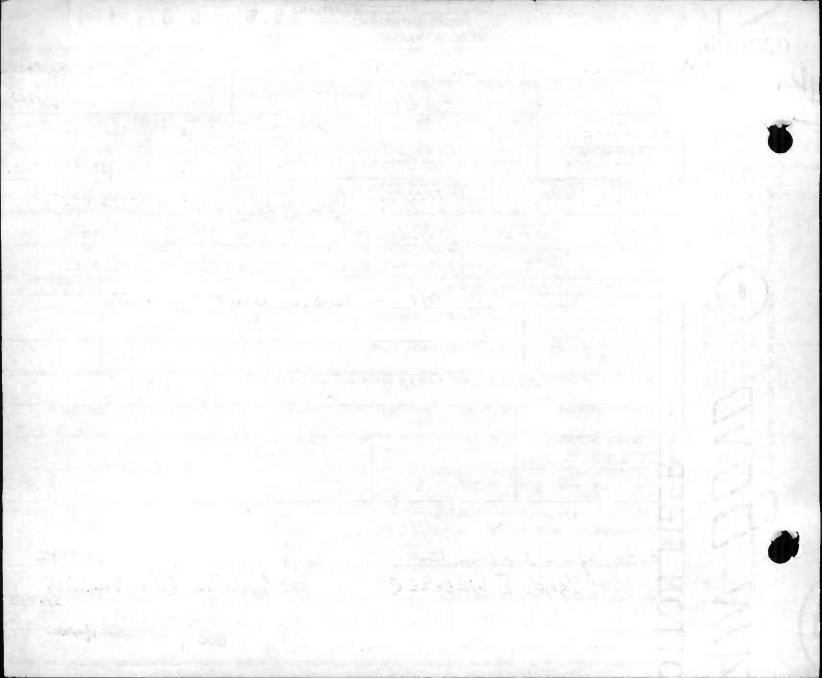
STATE OF MARYLAND STATE OF MARYLAND

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1	- STATE REGISTRAR		DEFARIN		ICATE OF DEA	TH	REG. N	0		
	ECEASED NAME FIRST	N	NDDLE	L	AST		20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
(111	LesT	er.	5.	abt	att			1 30	0 86	1041 AM
2,58	X	4 RACE		5. DATE C			6 AGE (IN YEARS LAST BIR		UNDERTYEAR	IF UNDER 24 HRS
	m Male		ucasian	MONTH		06	79	YRS	NTHS DAYS	HOURS MIN.
70.1	(STATE OR FOREIGN	76 CITIZEN OF	VHAT COUNTRY?	8 MARRIE	NEVER MAR	RIED -	9 BALTIMORE CITY C	R COUNTY C	FDEATH	
	lashington DC	USA		WIDOWE	D DIVOR	CED _	ANNE F	trunc	tel	MD
12	ITT OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITU	TION	120 USUAL OCCUPAT		12b. KIND O	F BUSINESS OR
KA	NNapolis	ANNE	Arund		Genera	21	Electric	Shop		tyGov'
130	STATE 13b COULT		GIVE RESIDENCE BEFORE 134 CITY OF TOW 14 Ann		134 INSIDE CITY I	LIMITS?	13e STREET ADDRESS		2071	
The same of	ATHER'S NAME	110 112 01	IGCI ZIIII	apoz	15 MOTHER'S MA		78 Wayso	ns mo	ртте	Court
Y	FIRST	MIDDLE	LAST		FIRST	7	WIDDIE		Whit	
1	George WAS DECEASED EVER IN U.S. AR		bbott 16b SOCIAL SECU	DITYALO	Mau 17 INFORMANT	ide	ADDR	ec c	MILT	.e
		VE WAR OR DATES	IBB SOCIAL SECO	KIIYNO		24				- 412
No			579-07-	4082	Vertie	М.	Abbott	5	ame a	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per D BY:			A ATARY	400			BETWEEN	MATE INTERVAL
		TE CAUSE (0)	CARDIO	REST	KATORY	TIKK	EST		5	MINUTES
	Canditians, if any, which gave rise to immediate cause tall stating the underlying cause last.	(b)	AS A CONSEQUE	15 C	ELL CA	RCINO	OMA OF THE	LUNG	4 M	INTHS
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO E	DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	
CERTIFICATION	90 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	n was performe	ED	200 AUTOPSY?		WERE FINDIN	
15	210. ACCIDENT WAS UNDERLYING	216. TIME OF	INJURY A. MONTH DA	Y YEAR	21c HOW INJUR	Y OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	I I OR PART 21	
3	OR CONTRIBUTING CAUSE OF DE	AIN .		19						
MEDICAL	21d. INJURY OCCURRED	21e PLACE C	OF INJURY		211 LOCATION		CITY OF IC	WN	COUNTY	STATE
2	WHILE NOT WHILE AT WORK	TAT HOME STR	ET FACTORY OFFICE F	ARM, ETC)	SINCE					JIAIC
	270.1 certify that (1) (this hasp saw the deceased alive ar abave (1) (we) Idid) idid no			86, or	d that in my (aur	r) apinian d	ta, tadeath accurred an the d	30 19 ate and have d	and from the	that (1) (we) last causes stated
	12b. SIGNATURE	BUN E	b-	m		NDING SICIAN	MEDICAL STA		22c. DATE	30/86
	ROBERT 5	COIT E	DEN M	D.	27e ADDRESS -	JAPOL	GIDDINGS	AVE.	toi	/
23a	BURIAL, CREMATION, REMOVAL	236. DATE	73c N	IAME OF C	EMETERY OR CREA	91.1	23d LOCATION			
	Burial	lFebl		lar H		eter		ind,	PG	* STATE Md
24 F	NAROBERT E L Funeral Ho	Wilhelm ome	ADDRESS Sui	tlan	d, Md.	250 DATE	REC'D. BY REGISTRAR	256 REGISTRA	AR'S SIGNAT	JRE
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DHMH - 16 60M 7/84 (VRA 15, 4)

(VR A15 ME (5)) 20M 4/82



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/	1.	FOR STATE	STATE OF MARYLA DEPARTMENT OF HEALTH AND M CERTIFICATE OF D	MENTAL HYGIENE
028028		REGISTRAR		REG. NO.
UKOUYU		CEASED NAME FIRST OR PRINT)	MIDDLE LAST	1 2 2 1 1 40
y be		MAR	u Veronica Hmos	1-24-867 AM
oe de	3. SE		4/RACE S. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY IF UNDER 24 HRS.
9 o o	7	emale	White 7 15	16 69 YRS
a 42/1//	7a. B	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER M	ARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
4 15 6	(C)	eat Britain	11 0 10	PORCED Anne HRundel MD.
D 2	III. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INST	TOTION 128 USUAL OCCUPATION 128. KIND OF BUSINESS OR NOUSTRY NOUSTRY
	14	nnapolis ma	Anne Arundel Gener	Re Editor Rublishing
BALTIMORE, MARYLAND 2120 soft be executed within 24 hours ysicion and completely (d. in Lip opers. Pogis 1 and 2 shellet be wol. 11, the medical exaginet mile.	USU 13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ITY	TY LIMITS? 138.STREET APPRESS / ZIP CODE 214-01
22		md. AA		NO 183 Shipwright Street
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14. F/	THER'S NAME	MIDDLE LAST	MAIDEN NAME
MAR w ba	9	Dilio Arr	sold Grossn Mil	dred Mary Callahan
S S S S S S S S S S S S S S S S S S S	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SETURITY NO. 17. INFORMAL	NT ADDIASS Same as
Mond on the dice	1	(IF YES, GIV	EWAR OR DATES) DIS-41-1071 Gun	dred Harrison - #13
ALTI		18 CAUSE OF DEATH (Enter or	ly one couse per line for (a), (b), and (c),	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
· · · ·		PART I. DEATH WAS CAUSE		weast Cancer Tyears
ding or re-		MANEOIA	DUE TO, OR AS A CONSEQUENCE OF	
he deoth cert the ottending premove corbor mation, or res	10	Conditions, if any, which	(b)	
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
es that the by the please ruriol, cre		underlying cause last.	(c)	
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
5 5 5 5	CERTIFICATION			The state of the s
low re	ICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFOR	IN CERTIFYING CAUSES OF DEATH?
TAL RI The locition.	E E		14) 1100//11	YES NO YES NO
F VITAL (IAN: The physicion of the construction of the constructio		21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE.	LIGUE ALL LIGHTIL DAY VEAD	JURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?)
ON OF A	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 19	
MSION O	MEDICAL	21d. INJURY OCCURRED	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, EIC.) 21f LOCATIC STREET	CHY OR TOWN COUNTY STATE
DIVISION PHING PHI	-	AT WORK AT WORK		a 1/2 # 86
3 0 E			tol) attended the deceosed from	19 8 6 , to 19 19 19 tho (11 (Ne) lost
R ATTEN hospitol RECTOR hed for u		sow the deceased alive on above, (I)(we) (did) (did no	19 0 ond that in (my)	(our) opinion death occurred on the date and hour and from the causes stated
OR A DIREC		226. SIGNATURE	DEGREE	TYPING MEDICAL STAFF
7 - 7 - 9		100	COOLER LOOP	TTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1/2-4/86
HOSPITAL ined by th FUNERAL uid be detected in the Stote ORTANT: It		224 PHYSICIAN'S NAME (TYPE	RPRINT) 22e ADDRESS	s
		Coser W	Cale MD 518	canklin St. Annapolis Mil
0 = 0 4 3 X	230	BURIAL, CREMATION, REMOVAL	236. DATE 23c NAME OF CEMETERY OR C	REMATORY 23d LOCATION
BP	1	Qurial	Jan 28 1986 St Many	15 Annapolis A.A. Mil
DHMH - 16 50M 4/83	24, F	UNERAL DIRECTOR	A ANNUESE	250. DATE RECO. BY REGISTRAR'S LIGHATING TO SECOND STATE OF THE PROPERTY OF TH
(VRA 15, 4)	110	ylor tinom	Chanel- Hongodis, ML) JAN 2

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH

- 1				REG. NO.	
١	1 DECEASED NAME FIRST (TYPE OR PRINT) HEODORE	ARI	MSTRONG	20. DATE OF DEATH MO	22-86 7:03 M
1	3. SEX 4. RACE	1	OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	MONTHS DATS HOURS MIN.
1	19 CA	AUC. My	27 1903	82	YRS MONTHS DATS HOURS MIN.
1		N OF WHAT COUNTRY? 8	ED NEVER MARRIED	9 BALTIMURE CITY OR	COUNTY OF DEATH
		S.A. WIDOW	VED DIVORCED	Anne Aru	
7	(IF NOT	E OF HOSPITAL, NURSING HOME IN SUCH FACILITY, GIVE STREET ADDRESS!		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY
		irfield Nursin		manager	whls. foods
7	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTIT 136, STATE 136, COUNTY	TUTION GIVE RESIDENCE BEFORE ADMISSION 136 CITY OR TOWN Crownsvil	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / Z 572 Pali	Sades Blvd.
1	14 FATHER'S NAME		15 MOTHER'S MAIDEN NAM	ME	
1	William	Armstron	ng Alice	MIDOLE	Cummins
1	160 WAS DECEASED EVER IN U.S. ARMED FORC	ES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
	no no	503-01-412	DA Mary Ari	mstrong sai	me as 13e
	18 CAUSE OF DEATH Enter only one cous	se per line far (o), (b), and (cf.)	1. 1.	1.	APPROXIMATE INTERVAL BETWEEN ONSE MAND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o, achy aration	, malnutti	tion	Welco
	DUE 1	O AS A CONSEQUENCE OF	1 1000	1 .	1.122
1	Conditions, if ony, which gove rise to immediate	Jarad Vanc	ed demen	Ta	yeurs
	couse (o), stating the underlying couse lost.	ON ON ALA CONSEQUENCE OF	-13 Diseaso		
1		o HEZMAINES	- 20		
	PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 110
7	190 DATE OF OPERATION 196 C	ONDITION FOR WHICH OPERATE	ON WAS PERFORMED	200 AUTOPSY? 2	106. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
	RTIE			YES NO	YES NO
		IME OF INJURY JR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY II	NITEM 18 PART I OR PART 2)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED (AT HO	P.M. 19 LACE OF INJURY	211 LOCATION		
	WHILE NOT WHILE (AT HO	OME STREET, FACTORY, OFFICE, FARM ETC.)	STREET	CITY OR TOWN	COUNTY STATE
1	220-L certify that (I) (this haspital) attend	led the deceased from	23 1985	10 Masey	that (I) well lost
1	saw the deceased alive on opoverth (we) (did) read not view the	-16 1086	and that in (my) (pur) opinion o	death occurred on the date	and hour and from the couses stated
1	121. SIGNATURE	A	DEGREE		224 DATE SIGNED
1	Wellont Ve	Morros	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	ND 1-23-86
	278. PHYSICIAN'S NAME (TYPE OR PRINT)		22e ADDRESS		4
	1767ER T. Verkon	uW	1833 most	Dr. Anu	apolis, Md, 2/4/01
	230 BURIAL, CREMATION, REMOVAL 236 DAT		CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
	Cremation 1/	24/86 Westv	iew Cremator	y Baltimor	
	24 FUNERAL DIRECTOR NAME	ADDRESS 12 Ri	dgely Aye JAI	REC'D. BY REGISTRAR 251	REGISTRAR'S SIGNATURE
	Hardesty Funeral	Homo Ann. N	1a. 21401 JAI	N 4 = 1900	w. Davidson-Manage

DHMH - 16 60M 7/B4 (VRA 15, 4)

Hardesty Funeral

IMPORTANT. If Item 21 is morked or Item 18 shows ony injury, or other troumotic,

ATTENDING PHYSICIAN: The low

TO HOSPITAL

STATE OF MARYLAND	8	6	
CERTIFICATE OF DEAT	AL HY	GIENE	

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100000000000000000000000000000000000000		MIDDLE	LAST	REG. NO.	ONTH DAY YEAR 76 HOUR
023128	(TYPE OR PRINT) RAYM		AUSTIN	A DAIL OF DEATH	1-18-86 9:000
	3. SEX MALE	WHITE	5. DATE OF BIRTH MONTH A A A A A B A A B A B A B A B B	46 AGE (IN YEARS LAST BIRTHD	HUNDER TYEAR HUNDER 24 MRS MONTHS DATS HOURS MIN.
nerol dia	70. BIRTHPLACE ISTATE OR FOREIGN PORTING TO THE PROPERTY OF TH	7b. CITIZEN OF WHAT COUNTR		RRIED 9. BALTIMORE CITY OR C	
ofter di	GLEN BURNIE	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITU	ITION 120 USUAL OCCUPATION	ORKING LIFE) INDUSTRY MUTUMOTIVE
	USUAL RESIDENCE (IF NURSING FOR MANUAL RESIDENCE (IF NURSING FOR MANUAL RESIDENCE)	OR OTHER INSTITUTION GIVE RESIDENCE BEF JNTY 134. CITY OR TO	ORE ADMISSION) 13d. INSIDE CITY		TIP CODE 2997
13/4	IA FATHER'S NAME FIRST John	MIDDLE LAST	stin Ma:	AIDEN NAME	Clark
1/3	HI WAS DECEASED EVER IN U.S.		CURITY NO. 17 INFORMANT	ADDRESS	
Home by the by t	PART I. DEATH WAS CAU	anly one cause per line for (a), (b),	ond Ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the deoth ceri by the attending our remove corbo al, creamston, or in refilse froumstic, e	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSECUTION OF THE TO, OR AS A CONSECUTION OF THE TORSE OF THE TORS	DUENCE OF LIVE U.	we of struck and	him
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	2) a ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	22. How Intil	YES NO	N CERTIFYING CAUSES OF DEATH? YES NO NO
Section 1	OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH P.M.	DAY YEAR	RY OCCURRED (ENTER NATURE OF INJURY IF	N HEM 18 PART I ORPART 2)
MG PHY utherday the make the mod M	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFIC	E, FARM, ETC.) 211. LOCATION STREET	CTTY OR TOWN	COUNTY STATE
STIENDS STIENDS STIENDS STIENDS STIENDS STIENDS	sow the deceased alive	pital) ottended the deceosed from	41	19, to or) opinion death occurred an the date	, 19, that (I) (we) last and have and from the causes stated
TALOR - 1 TALOR	226 SIGNATURE	(1.0 pole	DEGREE ATT PH	ENDING MEDICAL STAFF	NO 1-18-86
TO HOSF I retained TO FUN Should b with the IMPORTA	A LEJANDR	MONTHYA HOPA	. 22e ADDRESS	DAKWOOD RD, GILE	N BURNIE MD 2/061
108P99	23e BURIAL, CREMATION, REMOV. (SPECIFY) Burial		NAME OF CEMETERY OF CRE	CITY OR TOWN	Morris, New Jersey
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Marzullo Funera	ADDRES		250 DATE REC'D. BY REGISTRAR 251	

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	OSPITAL OR ATTENDING PHYSICIAN. The low requires that the death contrastic for the hospital or attending physician	UNERAL DIRECTOR. After this certificate has been signed by the attitude place on and completely filled in by tr Id be detached for use as the buriol-transit permit. Then please removes the complete completely befilled within 72 hairs the State Dept. of Health and Mental Hygiene prior to buriol, crimitalian.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	tho	d by leose
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	OSPITAL OF ATTENDING PHYSICIAN. The Idea by the hospital or offending physician	UNERAL DIRECTOR. After this certificate has been signed by the attinum needs of be detached for use as the buriol-transit permit. Then please remains the State Dept of Health and Mental Hygiene prior to burial, or emplies.
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09085	1.	FOR STATE REGISTRAR	ı	DEPARTMENT OF	HEALTH AND MENTAL HYG		ECT
1/		CEASED NAME FIRST	WIDDLE		TAST	REG. NO.	DAY YEAR 126 HOUR
moy be poge 3	[TYP	ORPRINT)	R	AY	ERS	JANUARY	04. 1986 8 05MF
	3 SE		4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4	F	emale	White	2 ***	1 7 1 9 1 7	68 YR	MONTHS DATE HOURS MIN.
leath Pa		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT CO	DUNTRY? 8. MARRII WIDOW	D NEVER MARRIED	9 BALTIMORE CITY OR COUN ANNE ARU	NDEL COUNTY MD.
by the root of the		GLEN BURNIE		GIVE STREET ADDRESS) RUNDEL HO	SPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Bookeeper	126 KIND OF BUSINESS OR INDUSTRY Banking
filled in rould be	130 5	AL RESIDENCE (IF NURSING HOME STATE 136 CO Md. A. A	UNTY 13c CITY	nce before admission; or town fton	13d. INSIDE CITY LIMITS? YES NO X	130 STREET ADDRESS / ZIP CO	
	14. FA	THER'S NAME FIRST	MIDDIE	IAST	15 MOTHER'S MAIDEN NA	ME	IAST
1 1/2/0		Roy	Rober		Ruth		Livengood
		VAS DECEASED EVER IN U.S. TES NO OR UNKNOWN] (IF YES.	CIVE WAR OR DATES	14-4535	William St	amey # 13e	
(B)		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU	anly ane cause per line far to ISED BY: IATE CAUSE (a)	Indiac	Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by the attention see manager. It is a see that the attention of the troumble of tr		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CO	mosler	The Heart !	Disease	Zyears
ow requires the been signed rimit. Then pled prior to burial any injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICAN DOWN 190 DATE OF OPERATION	in thrombos	is lest	NOT RELATED TO THE TERM	200 AUTOPSY? 200 IF	YES, WERE FINDINGS USED
the the transfer of the transf	E E				0	YES NO NO	TIFYING CAUSES OF DEATH? YES NO
HYSICIAN: The iding physicial physicial physicial buriol-transiti mental Hygie. Amental Hygie.		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A.M. MON	NTH DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART OR PART 2)
G PHYSIC offending er this cer the burio ond Ment	MEDICAL	21d INJURY OCCURRED WHITE NOT WHITE AT WORK	21e PLACE OF INJUR	Υ	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
A ATENDING PHYSICIAN. The hospital or offending physician RECTOR. After this certificate has hed for use as the buriol-transit pipt of Health and Mental Hygien; pt of Health and Mental Hygien is marked or item 18 showner.		22a L certify that (1) (this ha	spital) atjended the decease		-26 , 19 83 nd that in (my) (aur) apinian	death occurred on the date and h	that (I) (we) last aur and from the causes stated
Che h		22b SIGNATURE	not) view the body after deal	42	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	224 DATE SIGNED
TO HOSPITAL (cetorned by the TO FUNERAL I should be detended by the TOPING MANNER TOPING TOPING MANNER TOPING MANNER TOPING TOPING TOPING TOPING TOPING TOPI		22d PHYSICIAN SMAME III			22e ADDRESS	7845 OAKWOOD ROA	
short short	23a F	LONG S H		123c NAME OF	GLEN BL	URNIE, MD 21061	
BP	C	remation	1-6-86		view Park	Baltimore	Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	INERAL DIRECTOR T.A. Hardes	sty Annapol	ADDRESS Md.	21401 JAI	E REC'D. BY REGISTRAR 256 REG	

BP

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

Female

COUNTRYL Maryland 10 CITY OR TOWN OF DEATH

13a. STATE

MD

4 FATHER'S NAME

no

CERTIFICATION

MEDICAL

Bernard

(YES, NO OR UNKNOWN)

TO BIRTHPLACE (STATE OF FOREIGN

GLEN BURNIE

Conditions, if any, which

gove rise to immediate couse lot, stoting the

underlying cause last

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTIO

160 WAS DECEASED EVER IN U.S. ARMED FORCES

18 CAUSE OF DEATH (Enter only one couse po PART I. DEATH WAS CAUSED BY:

PART 2 OTHER STONE IGNAL CONDITIONS

136 COUNTY

A.A.

MIDOLE

(IF YES GIVE WAR OR DATES

IMMEDIATE CAUSE (0)_

3 SEX

FIRST

4 RACE

76 CITIZEN O

11. NAME OF

EMMA

DEPAR	TMENT OF H	OF MARY	D MENTAL HY	GIENE	O REG. NO.	0 1		ES	ST
WIDDLE	- 1	451			0. 00		AY YEAR	26 HOUR	
V	BAS	HIER			JANUARY	17	, 1986	603	PIV
White	S. DATE C	y 19,		60	YEARS LAST BIRTHI	YRS	FUNDER I YEAR	IF UNDER 24 F	tRS
U.S.A.	WIDOWE	D	R MARRIED DIVORCED	D _X	ANNE A	RUNDI		TY	MD,
NAME OF HOSPITAL, NURS	FL HOS		NSTITUTION		Maid			F BUSINESS	OR
R INSTITUTION, GIVE RESIDENCE BEFO 13c. CITY OR TO Pasader	NWN	YES [CITY LIMITS?	234	Dale R		1122		
A Simms		Mar		AME	MIDOLE		Sheldo		
FORCES? 166 SOCIAL SEC 220-14-		17 INFOR	_{ne Beck}	, 2407	Vinyar		Croft	on, MI	
AUSE (a)	ling	natay	am	M			How	P	tie.
DUE TO DI DA CONSEO	MILLE OF	int	very up	athy			14	N.	
DUE TO, OVAS A CONSEC	DUENCE ON	Ten	1 As	lase			gean	7	
here A	DEATH BUT	NOT HELD	D TO THE TER	MINAL DISEA	ASE OR CONDI	TION GIVE	N IN PART 110		

bor/ Alko	mother later			
190 DATE OF OPERATION	1% CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND	
		YES NO	YES	NO 🗌

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER P.M 19

211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY

COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY, OFFICE FARM ETC STREET NOI WHILE 22a.1 certify that (1) (this hospital) attended the deceased from

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN _ 22e ADDRESS

OHERLIHY, M.D.

23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION CITY OR TOWN (SPECIFY) COUNTY

Baltimore Buria] Loudon Park Cem 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

James S. Kirkley Glen Burnie MD

STATE

MD

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1)	0	40	- 6		
41					

REG. NO.

		CEASED NAME	FIRST	M:	IDDLE	1	AST	DAY YEAR	YEAR 26 HOUR				
d	TYPE	OR PRINTI	John	F			Bauer		January	21.	1986	8 AM	
	3. SEX	(4 RACE		5. DATE C			AGE IN YEARS LAST E	IRTHDAY)	MONTHS BAYS	IF UNDER 24 HRS	
1	,	Male White Au				Aug			77	YRS		HOURS MIN.	
		BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8				8 MARRIE	NEVER MARR	IED 🗆	BALTIMORE CITY	OR COUN	TY OF DEATH		
2	46	Maryland USA WIDO				WIDOWE	DIVORC	ED 🗆	Anne Ar	unde l	County	MD.	
	7.11	TY OR TOWN OF		11. NAME OF H	OSPITAL, NURSIN	ADDRESS)	R OTHER INSTITUT	ION	178 USUAL OCCUPA	TION OF WORKING	176. KIND (OF BUSINESS OR	
Z	100	Glen Bur			Arundel	Hosp	ital	-	Ret. Insp	ector		inghouse	
	13a S	AL RESIDENCE IN N	136 COUP		No residence before admission) 3. CITY OR IOWN . 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Glen Burnie YES						DE	21061	
4		aryland	AA		GIEN DUI	me	YES NO	-		пте к	odu	21001	
1	14. FA	John P.	Bauer	Sr.	LAST		Cathe		WIDDLE		Wic	egard	
		VAS DECEASED EV			166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADD	RESS				
	14	NO OR UNKNOWN)	(IF YES, GIV	(E WAR OR DATES)	213-10-4	1547	Shirley	Bate	s. Same a	s 13			
		18 CAUSE OF DE	ATH (Enter or	ly one couse per l	ine for (o), (b), an	dic	6 1	1 7			BETWEEN	ONSET AND DEATH	
		PART I. DEATH											
		DUE TO, OR AS A CONSEQUENCE OF											
		Conditions, if ony, which (b) Severe A THEROSCIERO TIC CARDIOVASCULAR										DISCASE	
		gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF											
		underlying cause lost (c)											
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION								NDITION G	GIVEN IN PART 1	000	
4	TIO	190 DATE OF OPE	005/	- / 0 - 1 1 1 1 1 1 1 1	OCAPOIA SUFARCTIONS. Chro				200 AUTOPSY? 200 IF YES, WERE FINDINGS USED				
000	CERTIFICATION	196 DATE OF OPE	/	148 CONDII	ION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?				
	ERT	210 ACCIDENT WAS	UNDERLYING [7 216 TIME OF	INJURY	-	21c HOW INJURY	YES 0 PART T OR PART 2)	NO 🗌				
		OR CONTRIBUTING	_	4111	. MONTH D	AY YEAR	-		and the same of th				
7	MEDICAL	21d INJURY OCC		P.M. 21e PLACE OF INJURY			211 LOCATION				STATE		
1	W		WHILE WORK	I AT HOME STRE	ET, FACTORY, OFFICE F	ARM, ETC)	STREET		CITY OR	OWN	COUNTY	STATE	
		22a I certify that	(I) (this hospi	tal) attended the	deceased fram_	JUN	19	77	10 PRECE	TINS	. 19	that (I) (we) lost	
		saw the dece	osed alive on	JANUA	My 5 19 8	or . or	nd that in (my) (our)	opinion de	eath occurred on the	date and h	our and Irom the	couses stated	
		226 SIGNATURE	7 (0.0) 10.0	1	7	1-1-	DEGREE				22c. DALE	SIGNED	
		0	yae	10		M	. D . ATTEN	ICIAN A	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	1/2	21/86	
		224 PHYSICIAN'S	NAME (TYPE C	OR P			22e ADDRESS				ı	1	
		Norbe	rto Mac	Chiran, N	1D	1.62	4713 Le	eeds /	Avenue, Ar	butus	, MD		
	23a. B	URIAL, CREMATIO	N, REMOVAL				EMETERY OR CREM		23d. LOCATION		COUNTY	STATE	
	The real Property lies	Burial		Jan. 23	3, 86	alen F	laven Mem.		Glen B		AA	MD	
	24 FU	INERAL DIRECTOR			ADDRESS			250 DATE	N 22 198		STRAR'S SIGNA		
		James S.	. Kirkl	ley, Gler	Burnie.	, MD		0,1	11 4 130	90	- Friday		

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicior should be detached for use as the buriol-transit permit. Then please remove carbon papers: with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal. IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumatic event, the

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43	1 -	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE REG. NO	0 1 2 1
d . !.		EASED NAME FIRST R PRINT) WILLIAM	MIDDLE	BRALL, Sr.	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
3.	SEX	4.	RACE CALLEASIAN	S. DATE OF BIRTH MONTH DAY YEAR 11 1 1902	6. AGE (IN YEARS LAST BIRT	7.20
33		THPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OF	
MUH	9n	rortown of DEATH 11	BOY MANOY N	ING HOME OR OTHER INSTITUTION ET ADDRESS) 59 WORL	12d USUAL OCCUPATION TO BACCO Far	WORKING HEET INDUSTRY
35	51	nD	P. G. Hill Si	ORE MISSION) 13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS /	
160	-	John Fran	nklin Ble	all lawy	ME	Tayman LAST
Poges,	(YE	AS DECEASED EVER IN Ú.S. ARME NO OR UNKNOWN) (1F YES, GIVE W	VARORDATES) 166 SOCIAL SEC	EURITYNO. 117 INFORMANT /	n 509 Reve	11 Hwy Ann MDZ
emovol.		8 CAUSE OF DEATH 'Enter only PART I. DEATH WAS CAUSED I IMMEDIATE	BY:	ar Arrest.		APPROXIMATE INTERV BETWEEN ONSET AND D
cremotion,		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQ	elevare Hear	Oncer	
0.10	1	PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO	DEATH BUT NOT PELATED TO THE TERM	INAL DISEASE OF CONT	DITION GIVEN IN PART TO
permit. Then plant of prior to burn or only injury, o		PART 2 OTHER SIGNIFICANT CO		DIDEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
2000	CERTIFICATION	90 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH	196 CONDITION FOR WHICE	H OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
2000	CAL CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHICE 216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 216 HOW INJURY OCCUR 19 216 LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 12 IN ITEM 18 PART 1 OR PART 2)
2000	MEDICAL CERTIFICATION	90 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 2101 INJURY OCCURRED WMILE NOTIFY MEDICAL WMILE NOTIFY MEDICAL WMILE NOTIFY MEDICAL WMILE NOTIFY MEDICAL	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE)) oftended, the deceased from 2 3 19. view the body ofter death.	DAY YEAR 19 216 HOW INJURY OCCUR 19 216 LOCATION STREET 217 LOCATION STREET DEGREE ATTENDING	ZOO AUTOPSY? YES NO CONTERNATURE OF INJUR CITY OR TOY	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 121 NO 121 NO 1220 DATE SIGNED
2000	MEDICAL CERTIFICATION	90 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WMILE NOT WHITE AT WORK 220.1 certify that (1) (this haspital sow the deceased alive an obove, (1) (1) (1) (did not).	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE)) oftended the deceased from 2 3 19. view the body ofter death.	DAY YEAR 19 216 HOW INJURY OCCUR 19 216 LOCATION STREET 217 LOCATION STREET DEGREE ATTENDING	200 AUTOPSY? YES NO RED CITY OR TOWN CITY OR TOWN death occurred on the do	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 121 NO 121 NO 1220 DATE SIGNED

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FOR - STATE REGISTRAR

07/84

BETWEEN ONSET AND DEATH 20 AUTOPSY? YES X NO 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART T OR PART 2) Subject shot CHY OR TOAnnapolis couMaryland STATE and in my opinion 1-12-86 DATE Annapolis Maryland HILL CREST CEMETERY BURIAL 1-17-1985 Annapolis, Md. 21401 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH** - 17 while will down 12 WILLIAM REESE & SONS MORTUARY, P.A. (VR A15 ME (5))

STATE OF MARYLAND

REG. NO

1-11-86

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STATE OF MARYLAND \$3 6
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

FOR - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 7h HOUR TYPE OR PRINTS LIN YEARS LAST BIRTHDAY IF UNDER I YEAR 6. AGE 1 SEX MONTHS DAYS Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 13d INSIDE CITY LIMITS? A FATHER'S NAME MIDDLE UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES MIFORMANI I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for to PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO DIE AS A SONSEQUENCE OF Canditions, if any, which gave rise to immediate othischeric har disease cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 un un 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOX NO F 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 71d INJURY OCCURRED 71e PLACE OF INTURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) AT WORK 220.1 certify that (1) this haspital) attended the deceased fram and that in (my) aur) apinian death accurred an the date and haur and fram the causes stated obove (I) we (did (did not)) the body after death 776 SIGN DEGREE ATTENDING. / MEDICAL STAFF

PHYSICIAN 22e ADDRES

23 MAME OF CEMETERY OR CREWATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

DIRECTOR PHYSICIAN

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20M 4/82

STATE OF MARYLAND

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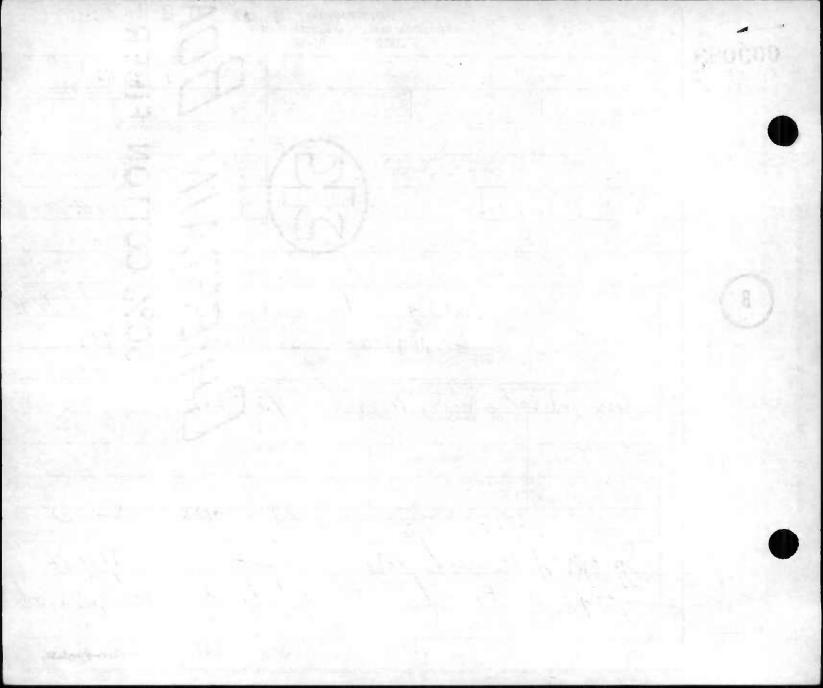
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 26 HOUR Marianne Bray 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX 09 Female White 20 TO BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Anne Arundel Missouri USA WIDOWED DIVORCED 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 4086 River Bay Cape St. Claire Sec. Stock Broker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION
130 STATE
1136 COUNTY
1136 CITY OR TOWN Co Cape St. Clairse 1086 River Bay \$ 13d. INSIDE CITY LIMITS? Md. 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Alfred Mae Winter Prondrom 166 SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) 492-10-5716 Joseph E. Bray 13e 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO OR AS 4-CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 AF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 210. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211. LOCATION 71e PLACE OF INJURY COUNTY STATE (AT HOME, STREET FACTORY, OFFICE, FARM ETC) STREET CITY OF TOWN AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) our) opinian death occurred an the date and haur and from the causes stated 276 SIGNATURE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN TO DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Fforissant Missouri Buria 1-6-86 St. Ferdinand 24 FUNERAL DIRECTOR 214 354 DATE PECID. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Hardesty Funeral Home 2 Ridgely Ave JAN

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT



STATE OF MARYLAND	13 0
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

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	-	REGISTRAR	MIDDIE	CERT	IFICATE OF DEATH	REG. NO			
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od with	14. F	ATHER'S NAME FIRST Unk.	WIDDIE	LAST	15 MOTHER'S MAIDEN NA			LAST	
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in. has been permit. I see prior ins any it	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY? YES NO	20b IF YES, WERE IN CERTIFYING C	E FINDINGS USED CAUSES OF DEATH?	
CIAN: The physicial physic		2)6. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.M. MO	Y ONTH DAY YEA					
G PHYSIC strending er this cer i the burio and Ment	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU	RY	211 LOCATION	CITY OR TO	wn cor	DUNTY STATE	
TENDIN outal or of TOR Aft for use of sightedith		22a.1 certify that (I) (this has saw the deceased alive	on Jan 3	0 19 86	and that in (my) (our) opinion			, that (I) (we)	lost
OR ATT	18	22b. SIGNATURE	nat view the bady after de	oth.	DEGREE			C DATE SIGNED	
		Quin	Buchanas		m.D. ATTENDING PHYSICIAN	DIRECTOR PHYSIC	IAN 🗆	1/3/18/	
HOSPITAL HOSPITAL Inded by 1th FUNERAL Uld be det on the State ORTANT.		22d. PHYSICIAN NAME (TY	PE OR PRINT)		22e ADDRESS			207	LU
TO HOSPITAL retained by it TO FUNERAL should be det with the State IMPORTANT.		Julic &	Buchenen		(4131 Shed	a Side Ru	1 Shade		1
5 5 5 4 3 5 1	23a.	BURIAL CREMATION REMOV	AL 236 DATE		CEMETERY OR CREMATORY		7	IIV STATE	
BP		Burial	2-3-198	6 Ft. 1	Lincoln Cem.	Brentwo		Md.	
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	-6/3/	ADDRESS		TE REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATURE	
(VRA 15, 4)		Hardesty F	uneral Hom	e Annaj	oolis, Md.	M 7 1 4000		41 4 20	

STATE OF MARYLAND

BEPARTMENT OF HEALTH AND MENTAL HYGIENE

TUILSO Formals Caucasion 10-25-1133 53 A S.D. St. waste (1) Seal may a son Notes similar of A collapselle Battlay In July oroth Astlat Le 200 EN STREET HAND GROWNANT SHEZOEPIES TO LIKE IN A LUMBER OF THE LITTLE HE WAS BEEN DELIVED TO THE PROPERTY OF THE PROPERTY OF

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ATTENDING PHYSICIAN. The law requires that the death certificate be executed

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injury, or other troumotic event, th

should be detached for use as the burioL-transit permit. Then please remave cowith the State Dept. of Health and Mental Hygiene prior to burial, cremation, this certificate has bee

TO FUNERAL DIRECTOR, After

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

MPORTANT. If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND & (
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR 016141 CERTIFICATE OF DEATH

	100								REG. I	10				
A		OR PRINT	FIRST	M	IDDLE	2	AST		20 DATE OF DEATH	MONTH	DAY Y	EAR	2b. HOU	IR
2	,,,,,	KOD	ERT			BRU	lan1			1	2 8	6	111	5 AM
9	3 SEX	(4 F	RACE /	1	S. DATE/C			6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR					24 HRS
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2	To BIRTHPLACE (STATE OF FOREIGN TO CITIZEN OF WHAT COUNTR					RY? B	3131		9 BALTIMORE CITY			TH		
f	GEORGIA U.S.A.					WIDOWE	D NEVER MA	RCED	ANNE AI	RUNDE	L COUR	YTY		MD.
1	10 CI	TY OR TOWN OF DEA	TH 11.				R OTHER INSTITU	UTION	170 USUAL OCCUPATION OF WORK FOR MOST		12b K	IND OF	BUSINE	SSOR
j	à A	NNAPOLIS		ANNE A	RUN DEL	GENERA	L HOSPIT	AL	(TYPE OF WORK FOR MOSI	OF WORKING	(IFE) INDU	SIKI		
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	Y	ES OR UNKNOWN)	W.W.I	AP OR DATES)	263.2	4-4492	NAOMI :	BRYANT	608 Monte	eray	Ave.			
		18 CAUSE OF DEAT	H (Enter only o	one couse per l	ine for al, (b)	ond ice				-	BEI	PPROXIA	MATE INTER	DEATH
		PART I. DEATH WAS CAUSED BY:												
		IMMEDIATE CAUSE (a)												
		Conditions, if ony, which (b)												
		gave rise to immediate cause (a), stating the DUE TO, OR KS A CONSEQUENCE OA												
		underlying cause last Doe 10, Or 15 Consequence on Deve from untractive fundament												
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN										ART Ira	7	
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4	CAT	190 DATE OF OPERA	ION	19% CONDITION FOR WHICH OPERATION WAS PERFORMED					200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?))
	CERTIFICATION	9-360		1					YES NO		YES [AUSES (NO [
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A. L. MARY HARMAN PRINTERS ALL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT HYBIENE 009006 REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) JOSEPH 126 2000 DEATH MATED 4. RACE 3. SEX 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR 24 HOUR IF UNDER 24 HRS DATE 75 YRS. July 1, 1910 Male White 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH Maryland USA Anne Arundel County DIVORCED 10 CITY OR TOWN OF DEATH TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 310 THE PAGE 4 SHOULD BE PORWARDED TO THE CHEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BUNAL. TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED AFTER DEATH, WITH THE STATE DEPARTMENT OF HEATH AND MENTAL HYGIENE, DIVISION OF WARIER CORDS, 2011 PRIOR TO BURIALL, CREMATION, OR REMOVAL. 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Construction OR INDUSTRY Glen Burnie ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Glen Burnie 931 Langley Road 13b. COUNTY 13d. INSIDE CITY LIMITS? Maryland 21061 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Louis Buh 1 mann Barbara Farinholt 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDREAST Dutus, MD 21227 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) Yes WW II 216-10-9289 5509 Heatherwood Rd Gageby. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION STREET, FACTORY, FARM, ETC. CITY OR TOWN WHILE AT WORK COUNTY STATE 22a I certify that I took charge of the remains described above, held on Natural causes death resulted from: Homicide Undetermined manner TITLE (SRECIFY ACTUAL SIGNATURE Wheeler. M.D. ADDRESS 1116 Gumbottom Rd. Crownsville, 21072 lames E. (TYPE OR PRINT) 230, BURIAL, CREMATION, REMOVAL 236. DATE Burial Jan. 7, 1986 Glen Haven Mem. Park Glen Burnie AA MD 07/84 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** me + metalogy - Markagor James S. Kirkley, Glen Burnie, MD (VR A15 ME (5))

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1 1/2	25		TEXAS		45	54	WIDOWE		RCED	Anne His	unde	1	MD.
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1 11	10		hrapolis		An	ne Arrun	del	Genera		ARPENTER	wstit!	SRIBGE	HOMES
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2 271	2		& CAUSE OF DEATH	Enter anly ar	ne couse per	line lar (a), (b), ar	nd (cs.)					APPROXIMA BETWEEN OF	ATE INTERVAL
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10 mm 10 mm	1		Canditions, if any, w	hich (16). U	R AS A CONSECU	ENCE OF						
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ST ST ST	1	20											
1 2 2	1	CAT	190 DATE OF OPERATIO	N	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORA	MED	200 AUTOPSY?	206. IF YES, W	VERE FINDING	SS USED
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Sp 503	1/	MEDICAL	(IF EITHER, NOTIFY MEDICAL			M.	19	211 LOCATION					
State of the state	the death	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE.	FARM, ETC)	STREET		CITY OR TO	VN	COUNTY	STATE
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E 9 64 5	24		saw the deceased above, (I) (ye) (did	alive an) (did nat/ vij	A the bady	olter death	, ar	id that in (my) (a	iur) apinian de	oth occurred on the do	te and haur a	nd Iram the co	ouses stated
of his back	1		22b. SIGNATURE	7/8	1			DEGREE ATI	TENDING X	MEDICAL STAF		22c. DATE S	IGNED 101
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BP_			URIAL, CREMATION, RE	MOVAL 2	36. DATE 1-28		NAME OF C	CEMET	ERY DA	Z36 LOCATION I VIOSONVI	LLE A	·An C	O. MD.
DHMH - 16 50M 4 (VRA 15, 4)	1/83		OBERT E.	EVANS	ANN	APOLTS;	MARY	LAND	25a. DATE	REC'D BY REGISTRAR	256. REGISTRA		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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L		111		U)	6	24	22	60	YRS		
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1	1	Annapoli			Arund		neral	Hosp.	Broke	r	real.	-estate
1	15UA 3a S	AL RESIDENCE (IF NURS	136 COUNTY		130 CITY OR TO		13d. INSIDE	CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	211	16 2
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1	I4.FA	THER'S NAME	MID	DIE	LAST		15. MOTHER	S MAIDEN NAM	ME		LAS	iT.
1	J	ames		F.	C1	eary	A	nna			Red	dmond
T		VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SI	ECURITY NO	17 INFORM	ANT	ADD	RESS		
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٦	5	THE PHYSICIANS N	AME THE OFF	mili			22e ADDRI	SS				
1												
†		BURIAL, CREMATION,	REMOVAL	23b DATE	7	3c. NAME OF C	EMETERY OF	CREMATORY	23d LOCATION			
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1	24 FL	UNERAL DIRECTOR				dgely			E REC'D. BY REGISTRA			SIRELAND
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1	226	T ACCOUNT	WIT CI	- 11011	TILL T	TO TIME	_ 1 10					

DHMH - 16 60M 7/B4 (VRA 15, 4)

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEATH	
	REG. NO.

020076	1.	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HY	REG. NO.	
poge 3		CEASED NAME FIRST Affred		CO/P CTE OF BIRTH	20. DATE OF DEATH MOR	1486 1053 A
rol director F 72 hours ofter	5	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8	CT. 1, 902 RRIED NEVER MARRIED	83	MONTHS DATS HOURS MIN.
by the fune filed within	A	TY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSING HO	seneral Hopita	120 USUAL OCCUPATION (TYPHOF WORK FOR MOST OF WO	
within 24 hours filled in should be	13a. S	THER'S NAME	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISS 12 CITY OR TOWN TOWNS DOLE LAST	134 INSIDE CITY LIMITS?		rel Trail
e executed		VAS DECEASED EVER IN U.S. ARMI	ed FORCES? 166 SOCIAL SECURITY N VAR OR DATES) 212-10-036		A-Cole-	Harris Same as #13
ring primer from the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one couse per line for (o), (b), shd _q (c BY CAUSE (o)	enlmonan	- anest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
of the deoth of the ottending of the ottending of the ottendion, of other froumoit		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE C	of I washing	incline aus de	ineace 5 ms.
requires these specification is the pleo for to buriol, prinjury, or o	TION	occurl	IC) INDITIONS CONTRIBUTING TO DEATH	7		ON GIVEN IN PART 110
N The low vysicion. cote hos br ronsit permi	CERTIFICATION	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DAY Y	21c HOW INJURY OCCUR	YES NO NO NEED (ENTER NATURE OF INJURY IN	IB. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO ITEM 18 PART OR PART ?)
G PHYSICIAN offending phi er this certific if the buriol-tr ond Mentol I ked or Item 1	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH [IF ETHER NOTIFY MEDICAL EXAMINER] 21d. INJURY OCCURRED WHILE NOTIFY NOTIFY AT WORK AT WORK		19 ZII LOCATION	CITY OR TOWN	COUNTY STATE
ATTENDIN ospital or c ECTOR. Aft ed for use as st. of Health		22a 1 certify that (I) (this hospital saw the discounted alive an above. (I) (we) clid clid not)/	119 1986	ond that in (my) (our) opinion DEGREE	death occurred on the date of	. 19
HOSPITAL OR the hold by the by FUNERAL DIR FLANGE detached by the State Deponsor. If the ORTANT: If the		THE PHYSICIAN'S HAME (THE OU	Mery /	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	- 1/10/20
Or Or WAY	230 8	(PECIFY)	1.001 0.11	OF CEMETERY OR CREMATORY	23d LOCATION CITY OR LOWN	MOZIII
DHMH - 16 60M 7/84		DINERAL DIRECTOR	Jan-17,1986 HIII	1. \ \ \	TE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CERTIFICATE OF DEATH	REG. NO		
DECEASED NAME (TYPE OR PRINT)	ed A. Coll	/In	20 DATE OF DEATH MONTH	1-86	25 HOUR 23
SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 2
Male	Caucasian	July 23, 1920	65 YRS	MONINS DAYS	HOURS
BIRTHPLACE ISTATE OR FOREIG	N 75 CITIZEN OF WHAT COUNTRY	(? 8 3030 -	9 BALTIMORE CITY OR COUN	TY OF DEATH	

New York USA WIDOWED ILCITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Annapolis

Anne Arundel General Hospital

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
138. COUNTY
130. CITY OR TOWN

YES XX

13d INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

MARRIED NEVER MARRIED

Executive 13e STREET ADDRESS / ZIP CODE 1535 Eton Way 21114

ADDRESS

Anne Arundel

LTYPE OF WORK FOR MOST OF WORKING LIFE

MIDDLE

12ª USUAL OCCUPATION

Eastern Airline

126. KIND OF BUSINESS OR

INDUSTRY

Collin

13c. CITY OR TOWN Crofton Anne Arunde Maryland 4 FATHER'S NAME MIDDLE

18 CAUSE OF DEATH Enter only one couse per line lorge PART I. DEATH WAS CAUSED BY

Collin, Sr. A. IN ILS ARMED FORCES

II

SOCIAL SECURITY NO 125-10-485

17 INFORMANT Rosemary A. Collin

Kathryn

same as 13e

IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate

lost

APPROXIMATE INTERV

RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
			YES NO	YES NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART OR PART 2)

(IF EITHER NOTIFY MEDICAL EXAMINER) 21s PLACE OF INJURY 216 INJURY OCCURRED AT HOME STREET, FACTORY OFFICE FARM, ETC 1

III LOCATION STREET

CITY OR TOWN

COUNTY STATE

22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on obove, (I) (website) (did not) view the body ofter death

ATTENDING , PHYSICIAN X

DIRECTOR PHYSICIAN

and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated

MEDICAL

22c. DATE SIGNED

NO! WHILE AT WORK

27e ADDRESS

LOCATION

STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

230. BURIAL CREMATION, REMOVAL Burial

Beall Funeral Hom

24 FUNERAL DIRECTOR

226 SIGNATUR

Jan 6 1986

camai

23c NAME OF CEMETERY OR CREMATORY Maryland Veterans Cem 16000 Annapolis Rd. 250 DATE REC

Crownsville, Maryland

Bowie, Maryland

Semperation July 23, 1920 Tolog : 411 colitic mesure evicacent independ franching and allogana Marganed Anne Arendel Crofton - 10: 1535 Bron Mar - 21114mit il ilos ered A. Colling Br. ugi an emsa WW II - Spalo-edgy Rouseary A. Collin

Formial Can a 1980 Marghand Vacorens Cast Crownsville, Marghand 18000 America No. Lead tone relations | Paris, Norgania

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

n	c	-	N	0
ĸ	Е	O.	1.4	\sim

	E PLEY				REG. NO		
		EASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEA	R 26 HOUR
15		FLOREN	CE COLLIN	UGSWORTH		01 19 86	1:45 N
	1.50	4	RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER LY	EAR IF UNDER 74 HRS
1	1	Female	Caucasian	July 29, 1887	98	YRS	ATS HOURS MIN.
2/1		RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY O	R COUNTY OF DEATH	н
//		Washington, DC	USA	WIDOWED DIVORCED	Anne Arur	del County	, ME
811	10 CI	TY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATI		ID OF BUSINESS OF
76		dgewater	Pleasant Li	VING C.C.	Bureau of E	Ingraving U	IS Govern-
2/	Da. 5	TATE 134 GOLINT	13c CITY OR TO	NN 113d, INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	ment
1		1-4	Washing		1703 Ft. I	Davis/St.,	S./E.
30/1	M. FA	THER S MAME	IDDLE LAST	15 MOTHER'S MAIDEN N	AME MIDDLE		LAST
41		bert Lee Colling		Mary Addie			
10			WAR OR DATES)		ADDRE	SS	
10	N	o N/A	579-60	-5090 Ruth Kaykr	antz - PO Bo	ox 054, May	o, Maryla
1		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	one couse per line for (o), (b), o	nd (c).)		BETW	ROXIMATE INTERVAL EEN ONSET AND DEATH
1		IMMEDIATE		mer's Disease			
of of the second		10 mg	DUE TO, OR AS A CONSEQU	JENCE OF			
		Canditions, if ony, which	(b)				
1		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	IENICE OF			
ě		underlying couse last	DOE TO, OR AS A CONSECU	JENCE OF			
200			(6)				
1		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PAR	Tlio
injury, f	NO	PART 2. OTHER SIGNIFICANT CO	onditions <u>contributing to</u>	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PAR	Tho
any injury, i	CATION	PART 2. OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED	MINAL DISEASE OR CON	20b. IF YES, WERE FIN	NDINGS USED
Zinh ulau	TIFICATION						NDINGS USED
The state of the s	ETIFICAT	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED ISES OF DEATH?
our 18 Ment any injury, in	AL CERTIFICAT	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH [H OPERATION WAS PERFORMED 216 HOW INJURY OCCU	200 AUTOPSY? YES □ NO 【	20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED ISES OF DEATH?
or them, to subserve carry infants, a	AL CERTIFICAT	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH 216, TIME OF INJURY HOUR A.M. MONTH [P.M. 21e PLACE OF INJURY	DAY YEAR 19 211 LOCATION	200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJUIT	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED ISES OF DEATH? NO [
29	ETIFICAT	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210 INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH [DAY YEAR 19 211 LOCATION	200 AUTOPSY? YES □ NO 【	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED ISES OF DEATH? NO [
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Controlled of the Control of the Con	AL CERTIFICAT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE ALY WORK 220 I certify that (I)	216. TIME OF INJURY HOUR A.M. MONTH E P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE)	DAY YEAR 19 211 LOCATION FARM ETC) 211 LOCATION STREET 19	200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJUIL CITY OR TO 10 01/15	20b. IF YES, WERE FINING CAU YES RY IN ITEM 18 PART I ORPART WN COUNTY	NDINGS USED ISES OF DEATH? NO [] STATE
19	AL CERTIFICAT	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK AT WORK	216. TIME OF INJURY HOUR A.M. MONTH E P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE)	DAY YEAR 19 211 LOCATION FARM EIC) 04/11/84 19	200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJUIL CITY OR TO 10 01/15	206. IF YES, WERE FINING CAU YES THE TIME TO THE TOTAL TO THE TIME TO THE TOTAL TO THE TIME TO THE TIM	NDINGS USED SES OF DEATH? NO STATE
29	AL CERTIFICAT	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATT (IF EITHER NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220 I certify that (I) W. Ahaspita sow the deceased alive on above, (I) (AVXIVA) (did not	21b. TIME OF INJURY HOUR A.M. MONTH D.M. 21b. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE) 1) ottended the deceosed from 01/17/86 view the body-offer death.	DAY YEAR 19 211 LOCATION FARM ETC.) 211 LOCATION SIREE 04/11/84 19 0 ond that in (my) (our) opinion DEGREE	200 AUTOPSY? YES NOW RRED {ENTER NATURE OF INJUST CITY OR TO 10 01/15	20b. IF YES, WERE FINING CAU YES THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO	NDINGS USED ISES OF DEATH? NO [] STATE , that (II
29	AL CERTIFICAT	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE ALL WORK 220 I certify that (I) (A. Ahaspital South Control of the Contr	21b. TIME OF INJURY HOUR A.M. MONTH D.M. 21b. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE) 1) ottended the deceosed from 01/17/86 view the body-offer death.	DAY YEAR 19 211 LOCATION SIREE 04/11/84 19 DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RRED {ENTER NATURE OF INJUST CITY OR TO MEDICAL STAL DIRECTOR PHYSIC	206. IF YES, WERE FININ CERTIFYING CAU YES 27 IN ITEM 18 PART I OR PART WAY COUNTY 27 On the ond hour ond from CERTIFY DECEMBER 19 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NDINGS USED ISES OF DEATH? NO : STATE , that (XX lo the couses stated ATE SIGNED 1/19/86
ATTACKS of MEN 21 is mocked on them, 18 stages daily injury, if	AL CERTIFICAT	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATT (IF EITHER NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220 I certify that (I) W. Ahaspita sow the deceased alive on above, (I) (AVXIVA) (did not	21b. TIME OF INJURY HOUR A.M. MONTH I P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE 01) ottended the deceosed from 01/17/86 view the body offer death.	PAY YEAR 19 211 LOCATION SIREE 04/11/84 19 DEGREE ATTENDING PHYSICIAN2	200 AUTOPSY? YES NO NO RRED (ENTER NATURE OF INJUST CITY OF TO MEDICAL STAI WEST STreet	20b. IF YES, WERE FININCERTIFYING CAU YES RY IN ITEM 18 PART LORPART WAN COUNTY 9/86 19 tote and hour and from FF. 277, D. FF. 01 C, Suite 21	NDINGS USED (SES OF DEATH? NO [] STATE , that (I) XX location the courses stated ATE SIGNED 1/19/86
PORTANT If them 21 is mocked on them, 18 shapes gary injury, if	AL CERTIFICAT	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATT (IF EITHER NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220 I certify that (I) W. Ahaspita sow the deceased alive on above, (I) (AVXIVA) (did not	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE) 01) ottended the deceosed from 01/17/86 view the body-after death.	PARM EIC) DEGREE ATTENDING PARM POR A PROPERTY OF THE PROPE	200 AUTOPSY? YES NOW RRED {ENTER NATURE OF INJUST CITY OR TO 01/1: A death occurred an the do MEDICAL STAI West STreet Maryland	206. IF YES, WERE FININ CERTIFYING CAU YES 27 IN ITEM 18 PART I OR PART WAY COUNTY 27 On the ond hour ond from CERTIFY DECEMBER 19 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NDINGS USED ISES OF DEATH? NO :: , that (II XX lothe couses stated ATE SIGNED 1/19/86
A THE STATE OF THE	MEDICAL CERTIFICAT	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210 INJURY OCCURRED WHILE NOT WHILE OF ALMORE 270 I certify that (I) WAS haspitated as well a	196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE) 31) ottended the deceosed from 01/17/86 view the body-after death.	PARM EIC) DEGREE ATTENDING PHYSICIAN 22e. ADDRESS NAME OF CEMETERY OR CREMATORY AND	200 AUTOPSY? YES NOW RRED {ENTER NATURE OF INJUST CITY OR TO OI/1! MEDICAL STAI DIRECTOR PHYSIC West STreet Maryland 23d LOCATION	20b. IF YES, WERE FINING CAU YES RY IN ITEM 18 PART LORPART WAN COUNTY 276 D. The ond hour and from 277 D. The ond hour and from 277 D. The ond hour and from 278 D. The ond hour and hour and hour and from 278 D. The ond hour and ho	NDINGS USED ISES OF DEATH? NO [] STATE that (ii XX lo the couses stated ATE SIGNED 1/19/86 10
PARPORTANT If from 21 is mosted or from 18 stillows any injury, it	MEDICAL CERTIFICAT	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE ALVORK 120 I certify that (I) (A. Ahaspita sow the deceased alive on above, (I) (A. Ahaspita sow the deceased alive on above, (I) (A. Ahaspita sow the deceased alive on above, (I) (A. Ahaspita sow the deceased alive on above, (I) (A. Ahaspita sow the deceased alive on above, (I) (A. Ahaspita sow the deceased alive on above, (I) (A. Ahaspita sow that the alive of the above, (I) (A. Ahaspita) URIAL, CREMATION, REMOVAL	21b. TIME OF INJURY H HOUR A.M. MONTH D.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE OF INJURY) (AT HOME STREET FACTORY, OFFICE	DAY YEAR 19 211 LOCATION STREET 04/11/84 19 04/11/84 19 04/11/84 19 DEGREE ATTENDING PHYSICIAN 220 ADDRESS 77 Annapolis NAME OF CEMETERY OR CREMATORY FORT Lincoln Cent	200 AUTOPSY? YES NOW RRED {ENTER NATURE OF INJUST CITY OR TO OI/1! MEDICAL PHYSIC West STreet Maryland 23d LOCATION CITY OR TO PARTICIPATION ETERY Brent	206. IF YES, WERE FININCERTIFYING CAU YES RY IN ITEM 18 PART LORPART WAN COUNTY 276 D. The ond houl and from 277 D. The ond houl and from 278 D. The ond houl and from 278 D. The ond houl and from 218 D. The ond houl and from A county The ond houl and from The ond houl and houl and from The ond houl and houl and houl and houl and houl and houl and h	NDINGS USED ISES OF DEATH? NO [] STATE that (I) XX lot the couses stated ATE SIGNED 1/19/86 LO
PARORTANT If hem 21 is morked or them 18 shows any injury, in	MEDICAL CERTIFICAT	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE ALVORK 120 I certify that (I) (A. Ahaspita sow the deceased alive on above, (I) (A. Ahaspita sow the deceased alive on above, (I) (A. Ahaspita sow the deceased alive on above, (I) (A. Ahaspita sow the deceased alive on above, (I) (A. Ahaspita sow the deceased alive on above, (I) (A. Ahaspita sow the deceased alive on above, (I) (A. Ahaspita sow that the alive of the above, (I) (A. Ahaspita) URIAL, CREMATION, REMOVAL	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE 1) ottended the deceosed from, 01/17/86 19 view the body offer death. 21c. 1986 Funeral Home	DAY YEAR 19 211 LOCATION SIREE 04/11/84 19 ., ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 220 ADDRESS 77 Annapolis NAME OF CEMETERY OR CREMATORY FORT Lincoln Cements.	200 AUTOPSY? YES NOW RRED {ENTER NATURE OF INJUST CITY OR TO OI/1! MEDICAL STAI DIRECTOR PHYSIC West STreet Maryland 23d LOCATION	206. IF YES, WERE FININCERTIFYING CAU YES RY IN ITEM 18 PART LORPART WAN COUNTY 276 D. The ond houl and from 277 D. The ond houl and from 278 D. The ond houl and from 278 D. The ond houl and from 218 D. The ond houl and from A county The ond houl and from The ond houl and houl and from The ond houl and houl and houl and houl and houl and houl and h	NDINGS USED ISES OF DEATH? NO [] STATE that (II XX lottle couses stoted ATE SIGNED L/19/86 L0

FOR STATE REGISTRAR

and Mental Hygiene prior to burial, cremation, certificate has be-TO FUNERAL DIRECTOR. After should be detoched for use as the with the State Dept. of Health or IMPORTANT: If hem 21 is

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

requires that the death Certi-

ATTENDING PHYSICIAN: The low

TO HOSPITAL

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

13	
0.0	

22 (2021

		REGISTRAK					REG. NO			170
		CEASED NAME FIRST	MIDDLE	LA	ST	20 D/	ATE OF DEATH	NONTH DA	Y YEAR	26 HOUR
	(irre	JOHN	C	COLL	[NS		JANUARY	02,	1986	1.35
-	3 SE	Male	(aucasi	5. DATE OF	BIRTH 18AY 19	63	8 2	YRS	INTHS DATE	# UNDER 74 HRS
2	70 0	THE SACHUSE	S U.S	. MARRIED WIDOWED			ANNE AL	COUNTY	COUNT	Y
4		GLEN BURNIE	11. NAME OF HOSPITAL, HENOT IN SUCH FACILITY, GI NORTH ARU		TAL		SUAL OCCUPATION STOP			FBUSINESS O
Y	m	Aryland Ho		Hrnold	YES NO	8 8	REET ADDRESSY	712005	hern	UDF
2	-	THER'S NIME	E Col	MITIMS	15 MOTHER'S MAID	ther	i NE		Ke	bles
		VAS DECEASED EVER IN U.S. ARA		032641	Debora	sh S	. Coll	ns (SAMS	- AS
		PART 2 OTHER SIGNIFICANT C	DBY: ECAUSE (0) CAR DUE TO, OR AS A COI (b) LEX DUE TO, OR AS A COI (c) HYPE	NSEQUENCE OF THE SEQUENCE OF T	STANDS RICULA	er f	ALWR	zs.	RDIO	
	NO	ACUTE A	ND CHRON		SAZ FAI			IIION GIVE	4 II4 PARI I C	, - (-)
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED		AUTOPSY?		WERE FINDIN NG CAUSES	
2		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21¢ HOW INJURY C	OCCURRED (E	NTER NATURE OF INJURY	IN ITEM 18 PAR	I I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE ON TWHILE OF AT WORK	218 PLACE OF INJURY (AT HOME STREET FACTORY	OFFICE FARM, ETC }	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
		220 I certify that (I) (this hospit sow the deceased alive on above, (I) (we) (add) (did not			d that in (my) (our) o					that (we) lo couses stated
			undo		EGREE ATTEND PHYSIC		ICAL STAFF		22c DATE	SIGNED
		224 PHYSICIAN'S NAME (TYPE OF			22e ADDRESS	203 E	. PATAPS	O AVE	MI	
		SURYA P. MU	NDRA, M.D.		BALT	MUKE,	ARYLAND.	43.44	5	

07/84

DHMH - 17 (VR A15 ME (5))

Cremation 8Jan86 24 FUNERAL DIRECTOR NAME RObert E Wilhelm

Funeral Home

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

73c. NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory

Suitland.

STATE OF MARYLAND

23d LOCATION Suitland

Md

2d HOUR

1745

86

Co.

176 KIND OF BUSINESS OR INDUSTRY

BETWEEN ONSET AND DEATH

20 AUTOPSY?

YES -

STATE

Hospital

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21301 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exercited. The hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physician and companies of the bund-trions permit. Then please remove corbon papers. Page the certificate has been signed by the oftending physician and companies of the bund-trions permit. Then please remove corbon papers. Page the certification of Medial Mygiene prior to bund, cremotion, or removal.

STATE OF MARYLAND	3 0
DEPARTMENT OF HEALTH AND MENTAL H	YGIENE
LAST	Za. DA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		YGIENE	1 4			
	CERTIFICATE OF DEATH	REG. NO				
	LAST	20. DATE OF DEATH MONTH	DAY	YEAR	26 HOU	R
AS	COOMBES	JAN. 16, 19	986			AN
Tare	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR5
	MONTH DAY YEAR		MONTHS	DAYS	HOURS	MIN.

I. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) OSCAR THOMAS				OOMBES	JAN. 16	MONTH DA		26 HO	JR A
3. SEX MALE	MALE WHITE				6. AGE (IN YEARS LAST BIR	FUNDER I YEAR	IF UNDE	R 24 HR5	
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) VIRGINIA	76 CITIZEN OF W	HAT COUNTRY?	B. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL				
GLEN BURNIE	(IF NOT IN SUCH	OSPITAL, NURSIN FACHITY, GIVE STREET ARUNDEL	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF CARPENTER		126 KIND C INDUSTRY STATE		
USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE 130. STATE MD. 13b. COUNTY 13c. CITY OR TOWN A.A. GLEN BUR				13d INSIDE CITY LIMITS? YES NO K	130 STREET ADDRESS / 11 SUMAC R		21	061	- 1
A FATHER'S NAME FIRST UNKNOWN LAST				15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST UNKNOWN					
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (1F YES G	IVE WAR OR DATES)		0.03.2490 MR. DARRELL R			Dorsey Road urnie, Md.2106			
18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (d).			d (cl-	pancreatic CA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)	AS A CONSEQUE							
PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1		+

20a AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER P.M. 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OF TOWN STREET

AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body after death, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

1/17/86 226 SIGNATA DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS

Selonica, mio. Aunopolis Fraulllin St. 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE

BURIAL JAN. 18, 1986 GLEN HAVEN MEM. PARK

GLEN BURNIE A.A. MD.

COUNTY

CITY OR TOWN

STATE

STATE

GLEN BURNIE, MD.21061

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

CERTIFICATION

MEDICAL

BP

FOR STATE REGISTRAR

	frer death. Page 4 may be	the funeral director. page 3	I within 72 hours ofter death	Med Shorts
DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALTIMORE, MARYLAND 21201	be executed within 24 haurs a	an and campletely filled in by	. Pages 1 and 2 should be filed	IMPORTANT: If Hem 21 is marked or Hem 18 share any injury, or other traumant event, the medical examines must be confired droubs.
201 W. PRESTON ST., BALL	es that the Sath centifice	By the granding physical	please ramon carbon apera urial, cremation, ar ramonal.	r, or other troumatic event, the
VISION OF VITAL RECORDS,	PHYSICIAN: The low requir	thending physicion. This certificate has been sig	the burial-transit permit. Then and Mental Hygiene prior to b	ed or Item 18 star any injury
Alo	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the most the executed within 24 hours after death. Page 4 may be	retained by the haspital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the Allendin physicion and completely filled in by the funeral director, page 3.	should be detached for use as the buriol-transit permit. Then please removements. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, and many.	MPORTANT: If Hem 21 is mark

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

D

STATE OF MARYLAND	3	0
EPARTMENT OF HEALTH AND MENTAL	HYG	IENE
CERTIFICATE OF DEATH		

1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
Ι.	- STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.	
	ECEASED NAME PE OR PRINT) FIRST	IIAM A. Craig TR 20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
3 . S	Dala.	4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF U	INDER LYEAR IF UNDER 24 HRS
70.0	BIRTHPLACE, (STATEORFOREIGN	7 CITIZEN OF WHALCOUNTRY? 8. 9 BALFAMORE CITY OR COUNTRY OF	DEATH
i	Desh. D.C.	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED WINEVER MARRIED OF BALTIMORE CITY OR COUNTRY OF WIDOWED DIVORCED OF BALTIMORE CITY OR COUNTRY OF	undel Co
10.7	ANOSP.		NOUS HUSINESS ON
13	JAL RESIDENCE (IF NUNSING HOME OF ATTE	Hrundel Severna Mrs NOB 781 Creek	New Rd
14_F	William	MIDDLE Craig TR 15 MOTHER'S MANDEN NAME FIRST CO. MEIGHT W.	augh.
	WAS DECEASED EVER IN U.S. A. (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT OZ7071478 CONSTANCE COLO	SAME AS ABOVE#130
	PART 1. DEATH WAS CAUS	nly one cause per line for (a), (b), and (c) ED BY: TE CAUSE (a) ARCINOMATOSIS	BETWEEN ONSET AND DEATH Months
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) Prostate Chick DUE TO, OR AS A CONSEQUENCE OF (c)	5 years
TION		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	
CERTIFICATION	19a. DATE OF OPERATION		YERE FINDINGS USED IG CAUSES OF DEATH?
EDICAL CE	710. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH DAY YEAR	ORPART 7]
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) 216 LOCATION STREET CITY OR TOWN	COUNTY STATE
	saw the deceased alive a abave, (1) (wet (did) (did n	et) view the bady after death.	
	1226. SIGNATURE	A Jerge MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	2.2.16
	RAYmond 5	. Herzinger 100 Ridgely sne-Annap.	15 MD. 21401
	BURIAL REMATION, REMOVA	12-3-86 PARKIZWO CEMP. FLAMUEN	Bald sim)
24	BARRANC	OFLI SOLDRESS RITCHIE HUZS DATE REC'D. BY REGISTRAR 2581. REGI	SIGNATURE.

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STATE OF A DEPARTMENT OF HEALTH CERTIFICAT

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. N

-1									REG. I	VŲ.		
1	05	ED NAME	FIRST		MIOOLE		LAST		20 DATE OF DEATH	MON1H DA	AY YEAR	26 HOUR
1	71104	MAPGI	VERIT			Car	DOAN	/	TO	10 3/	1-0-	11.750.
1	1 550			RACE		S DATE (OC DIDTU	-	AGE (IN YEARS LAST B	(RTHDAY)	F UNDER 1 VE AR	IF UNITED STATES
1	8.00/		, [I A	11.4	MONTH	OAY	YEAR	TO TEACH	M	ONTHE DATE	HOURS MIN
1		remo	de	u	hite	11	- 3-	06	19	YRS		
d	BI	RTHPLACE IS ATEORE	DREIGN 7	b CITIZEN OF	WHAT COUNTR	XY? 8	D NEVER MA	DOWN T	BALTIMORE CITY	OR COUNTY	OF DEATH	F-11
9	Ba	ltimore,	Md.	U. S	. A.	MARRIE		DRCED T	Ba	ltimor	e Citi	4.
٩	18. C.I	TY OR TOWN OF DEA		1. NAME OF I	HOSPITAL, NÜR		OR OTHER INSTIT		12a USUAL OCCUPA		126 KIND OF	7
М	D	altimore		(IF NOT IN SUC	H FACILITY, GIVE STR	REET ADDRESS)	_ ~1		Stenogr	OF WORKING LIFE)	INDUSTRY	
4	- 100				Braba	nt Ro	aa		stenogr	apner-		
4	13a. S	AL RESIDENCE (IF NURSIF	136. COLINIT	THER INSTITUTION	136 CITY OR TO	OWN	1 13d INSIDE CIT	Y LIMITS?	3e STREET ADDRESS	/ ZIP CODE	Anna	polis
d		Md.	-		Balti	more	*E5 00-	10	5306 Br	abant	Rd2.	1229.
٦	14. FA	THER'S NAME					15. MOTHER'S					
٩	2	Phillip	AA.	DOLE	ermack		Margai	rot	MIDDLE	N	CDona	1 d
4	16n \0	VAS DECEASED EVER I	NIIIS ADAA		166 SOCIAL SE		17 INFORMAN		TWO WA ADDI			
Я		(ES NO OF UNKNOWN)	(IF YES GIVE	WAR OR DATES					imore, ADDI			
Я	-	NO			212-2	0-24/4	James	P. C	urran-53	oo Br	apant	Ra.
1		18 CAUSE OF DEATH	Enter only	one couse per	line for (a), (b),	ond yell		-	, ,	40.0%	BET WEEN ON	ATE INTERVAL
	PART I DEATH WA			meta	Storte	- Aden	u Care	cinoma		3 m	myhs	
		INVINCEDIATE CAUSE TO										
1		DUE TO, OR AS A CONSEQUENCE OF										
1		Conditions, if any, which gove rise to immediate								+		
1		cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost										
1	13	underlying couse lost										
1		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								N IN PART 1 o		
1	ő											
7	CERTIFICATION	190 DATE OF OPERATION 196 COND			TION FOR WHICH OPERATION WAS PERFORMED			MED	200 AUTOPSY?		WERE FINDING	
71	Ħ								YES NOT	ING CAUSES C	OF DEATH?	
Н	H	21g ACCIDENT WAS UND	ERLYING [216 TIME O	INJURY 1214 HOW INJURY OCCUR			IRY OCCUPRE	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)			
H	0.75571	OR CONTRIBUTING C		1.00110	M. MONTH	DAY YEAR		JAT OCCORRE	OK! HATIEW IB THE	() - OA PART 2)		
1	MEDICAL	(IF EITHER NOTIFY MEDIC		P.,		19						
1	0	21d. INJURY OCCURR		21e PLACE	OF INJURY	CE SARM ETC)	211 LOCATION	1	CITY OF T	OWN	COUNTY	STATE
1	2	NOT WHE	LE C	THE STATE OF THE S	LET FACTOR OFFI	CE TARRELLE						
		220 I certify that (I) (1) ottended th	e deceased from	n 10-e	24	10 85	10 2-1	10	· 860 1h	at Iti (we) last
1		saw the decease		, 7		Car-	nd that in (my) (e	opinian de	eath occurred on the	date and hour	and from the co	Tuene stated
1		obove, (I) (22b SIGNATURE	d) (did nat)	view the bady	after death.							
1		126 SIGNATURA	6/10	us. les		100	DEGREE	TENDING _	MEDICAL STA	AFF	22c DATE S	IGNED
		/hold	7/00	many.		Mer.	PH	YSICIAN A	DIRECTOR PHYS	CIAN	1/1/	000
		224 PHYSICIAN'S NA	ME LLYPE OF	PRINT			22e ADDRESS	^		0		
1	19	IAUL	170R	MIE	4		900 (ATON	ME	SATE	. MD	2121
1	23n D	URIAL, CREMATION, R	EMOVA:	23b DATE	1 22	R NAME OF C	EMETERY OR CR	EAAATORY	123d LOCATION	01010		
		SPECIEVE		200					CITY OF TOWN		COUNTY MA	STATE A
	34.0	Entomb				Loudor	rark	Mauso	lewn-Bal	timor		ryland
	24 FL	INERAL DIRECTOR S	terl	ing Fi	ineral	Estat	e, P.A	25a DATE	REC'D. BY REGISTRA	RIZSE REGISTR	ARS SIGNATU	STARL .
		6 Edmond							U 6 1986			.*
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Md. --- Ball impre x 7506 Brandat Rd.-21229.

PAILLID -- Gerwck Karporet -- McJonald
Bottimore, Mc. 21229.
No ---- 212-25-24/4 James F. Curran-5305 Brabant No.

Entembment 2/6/86 Loudon Perk Journlove-Martiners, Karyland Sterling Funeral Estate, P.A. 730 Edmondson was. Catonsville, Nd. 21228

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016041	1.	FOR STATE REGISTRAR	DEPA		CATE OF DEATH	REG. NO.		
1		CEASED NAME FIRST	MIDDIE Theodora A RACE	Danie S. DATE O	SSON F BIRTH	20 DATE OF DEATH MO	-09-86	11.20P M
media.		Female	White	08	DAY YEAR	74	YRS WAYS	HOURS MIN.
		Montana	76 CITIZEN OF WHAT COUNT U.S.A.	MARRIEL WIDOWE	NEVER MARRIED DIVORCED	Anne Avi	indel C	O. MD.
	A	pnopolis	11. NAME OF HOSPITAL, NU A (IF NOT IN SUCH ACILITY, GIVE S Anne, Hound	el Ger	1 11 1.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI Nurse		OF BUSINESS OR
	PI	TAIL COU	ROTHER INSTITUTION GIVE RESIDENCE B NTY 13, CITY OR T BENAME SCUENT	own Sville	13d. INSIDE CITY LIMITS? YES NO NO NOTHER'S MAIDEN NA	130 STREET ADDRESS / Z	ake Brive	21666
11/10	1	Joseph Skabisk	MIDDLE TAST		Juliana	WIDDLE	Un	known
To cond co		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES GI	T AN AD CORD ATTER	-510H	Nestor Danie	ADDRESS	ame as abo	IVE
support that the death certifical signs by the attending phy han please remper cultion pd to burial, or (emborings), or other troumatic eventy pry, or other troumatic eventy	N	Conditions, if any, which gove rise to immediate couse (a), stofting the underlying cause last	DUE TO, OR AS A CONSE	QUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT		
the law on	TIFICATION	1% DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATION	WAS PERFORMED		Db. IF YES, WERE FIND IN CERTIFYING CAUSES	
UpadG PHYSICLAN To attending physics In After the based-come see on the based-come soith and Merical high in marked or from 18 sh in marked or from 18 sh	MEDICAL CERT	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AND COURRED NOT WHILE NOT WHILE	HOUR A.M. MONTH	ER FARM \$103	THE LOCATION	RED (ENTER NATURE OF INJURY IN	COLUMN 18 PART I OR PART 2)	for (I) (we) lost
O HOSPITAL OF ATTENTIONED BY THE HOSPITAL OF ATTENTIONED BY THE HOSPITAL DIRECTOR HOSPITAL STATE DEPT. OF H. WADDITALL II hom 21 or		spin the Breed of Ulive or above to be listed upon the SIGHARURE 22d PHYSICIAN 5 NAME (1997)	Left of	With the same of t	ATTENDING ATTENDING ATTENDING ATTENDING ATTENDING ATTENDING ADDRESS	MEDICAL STAFF	22c. DATE	e signed 186
9 € € € \$ € ¶	230	Gremation, REMOVAL			METERY OR CREMATORY Process, Inc	23d LOCATION CITY OR TOWN Catonsvil	le Balt.	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR NAME M Helfenbein F	ADDRE	<<	25a. DAT		REGISTRAR'S STONA	

STATE OF MARYLAND

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(VRA 15, 4)

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FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE
REGISTRAR		

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	REGISTRA	R			CERTIF	ICATE OF DEATH		REG. NO					ES.	
	CEASEDNA	ME FIRST	٨	AIDDLE	1.7	AST	2a DA	TE OF DEATH		DAY	YEAR	2b HC	UR	_
(TYPE	OR PRINT)	MARY	F		DAY			JANUAR!	(17,	1986	8	05	P
3, SE)	X		4. RACE		5 DATE O		6 AGE	(IN YEARS LAST BIRTI	IDAYI	IF UNI	DER I YEAR	IF UND	ER 24 HR	-
1		F	В		MONTH 2	14 99		86	YRS	MONTH	DATS	HOURS	MIN	
	RTHPLACE	(STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MAPPIER	NEVER MARRIED	9 BAL	TIMORE CITY OF	COUN	TYOF	EATH			
1	SHING	TON	U.S	.A.	WIDOWE	1/		ANNE A	ARUNI	DEL	COUN	TY	٨	D_
10 CI		N OF DEATH	11. NAME OF F		G HOME O	PITAL		SUAL OCCUPATION OF WORK FOR MOST OF			NIND O	F BUSH	VESS O	5
13a S		CE (IF NURSING HOME O 13b COU IN Anne/		GIVE RESIDENCE BEFORE 136. CITY OR TOWN	N •	13d. INSIDE CITY LIMITS?		REET ADDRESS /			210	76		
	THER'S NA	ME	WIDDLE	POTTS		CORA	NAME	WIDDLE	M.	ITCH	IELL IAS	Ť		
16a W	VAS DECEA	SED EVER IN U.S. AL		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRES				3.1		_
(1	NO OR UN	KNOWN) (IF YES, GI	VE WAR OR DATES)	UNKNO	WN	JAMES DAY	502N.	PAYSON	STRE	ET	2121			
	gave ris	is, if any, which e ta immediate a: stating the g cause last	(b)	R AS A CONSEQUE										
CERTIFICATION		THER SIGNIFICANT		CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE			-	200 AUTOPSY? 206 IF YES,				, WERE FINDINGS USED YING CAUSES OF DEATH?		
E							YES			YES 🗌		NO		
MEDICAL CE	OR CONTRIB	NT WAS UNDERLYING [BUTING] CAUSE OF DE NOTIFY MEDICAL EXAMINE	ATH HOUR A./	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCU	URRED (EN	ITER NATURE OF INJUR	IN ITEM 18	PARTIC	OR PART 2)			
MED	WHITE AT WORK	Y OCCURRED NOT WHILE AT WORK	21e PLACE (OF INJURY EET FACTORY OFFICE, FA	ARM, ETC }	211 LOCATION STREET		CITY OR TOW	'N	C	OUNTY		STATE	1
	sow 1	fy that (1) (this hosp he deceased alive ai , (1) (we) (did) (glid ni	n	19		d that in (my) (our) apinio	an death o				from the			s#
	226. SIGN	TURNE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								22c DATE	SIGNE	D	
		MARC A. KA		.D.		GLEN I	7845 BURNI	OAKWOOD E. MD 21	RD.	SU.	TE 2	00	M	
		MATION, REMOVA		23€ N	IAME OF C	EMETERY OR CREMATOR	Y 23d	LOCATION CITYOR TOWN		rnı	NIY	MAR	STATE.	11
	JNERAL DIF				H AVEN	25a D	ATE REC'D			V. Parent	8.00		482	

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. TOOTSMILENET

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

OK ATTENDING PHYSICIAN: The law requires that the death certificate be executed

etained by the haspital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Page with the State Dept of Health and Mental Hygiene prior to burial, cremation, a removal

IMPORTANT: If Hem 21 is marked ar Item 18 shows any injury, or other traumatic event, the

FOR STATE REGISTRAR

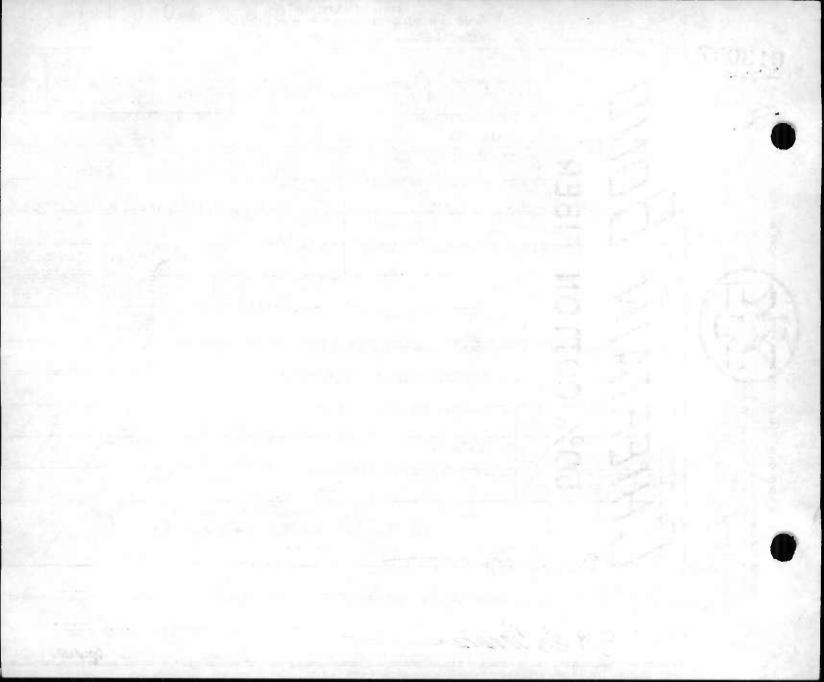
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.		ES'	Γ	
DATE OF DEATH MONTH	DAY	YEAR	26 HOUR	Т
TARTTADA	10	1000	F 4.0	т

- 0							KEG. P	IV.		He also	CIT	
3		CEASED NAME FIRST		MIDDLE	L	AST	2a DATE OF DEATH	MONTH	DAY YEAR	26 HOUR		
1	Link	LIBER	-(n	mn)	DEF	ILIPPIS	JANUA	?Y 1	9, 1986	548	PM	
1	3. SE>	X	4. RACE	100	5. DATE C		6 AGE IN YEARS LAST BE	RTHDAY	IF UNDER 1 YEAR	IF UNDER 24	HRS	
		Male	Whit	e	May	7, 1920 YEAR	65	YRS	MONTHS DATS	HOURS	MIN.	
1		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	***	9 BALTIMORE CITY		Y OF DEATH		_	
4		ew York	U.S.A.		MARRIEI	D NEVER MARRIED DIVORCED	ANNE	ARUNT	EL COUN	TY	440	
1		TY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126. KIND O		S OR	
9		GLEN BURNIE	NOR	TH ARUNDE	L HOS	PITAL	Self Empl	oved		mics		
1	USUA	AL RESIDENCE HE NURSING HOME		. GIVE RESIDENCE BEFORE	ADMISSION)			-				
		ryland Anne	Arundel	Millers		13d. INSIDE CITY LIMITS?	136 STREET ADDRESS 993 B Ind	ian Ta	E anding R	Road 2	1108	
		THER'S NAME				15. MOTHER'S MAIDEN NAM	L			.044		
4		Carmine	WIDDIE	DeFilippi	s	Maria	MIDDLE		Vaccar			
		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT (With	fe) ADDR	ESS	Same as	5		
			V II	137-05-05	549A	Mrs. Loretta	J. DeFilip	pis	# 13	3		
		18 CAUSE OF DEATH Enter	anly ane couse pe	line for (a), (b), and	lic				APPROXI	MATE INTERVA	ATH	
1		PART I. DEATH WAS CAU	SED BY: IATE CAUSE (0)	Carde	Ofen	nic Shock						
			IMMEDIATE CAUSE (0)									
1		Conditions, if any, which (16) House auteris wall Macrobal Infarch										
		gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
		underlying couse lost.										
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o									=	
	ON	Chi c	ast lu	W d	useo	ne						
9	CERTIFICATION	190 DATE OF OPERATION	196 COND	FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	IGS USED	-	
	TIFIC						YES NO	4	FYING CAUSES	NO []		
	CER	21a ACCIDENT WAS UNDERLYING			V VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM IB	PART OR PART 2)			
	AL	OR CONTRIBUTING CAUSE OF	DEATH.	M. MONTH DA	T TEAR							
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OR TO		COUNTY	STAT	_	
1	×	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY OFFICE FA	RM ETC)	STREET	CITY OR TO	JWN	COUNTY	SIA		
		22a certify that (1) (this hospital) attended the deceased fram 19 to 19 that (1) (we) last										
	/	saw the deceased alive on										
		obove, (In(we) (did) (did 226. SIGNATURE	not) view the body	ofter deoth.	[DEGREE			22c DATES	SIGNED	_	
1		16		luc	- A	ATTENDING _	MEDICAL STA		11	2014	2	
1		22d. PHYSICIAN'S NAME (TYP	E OR PRINT)			22e ADDRESS	PHISE	LIAN	Clar	Duran	io	
		Dr. Basant K.	Khandel	wal		7422 Baltimo	re&Annapol	is Bly	rd. Mars	Burn	Te,	
+	73n R	SURIAL, CREMATION, REMOV			AME OF C				Mary	Tand		
		SPECIFY) Burial	Januar			emetery or crematory n MemorialUnit			COUNTY	STAT	I E	
1	24. FU	INERAL DIRECTOR W	198	Me	thodi	st Church Cem	REC'D. BY REGISTRAF	VIIIE	RAR'S SIGNATI	Md.		
1		ngleton Funera	Home Home	Glen Burn	ie. N	Maryland IAM	2 1 1986	the Di	Wasan-1	Charle		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	A S	UP
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	I	7 3 4
	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the desperance is be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the anticommunication and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please removicional pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematicin
	ber 5	has the 3

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FOR STATE REGISTRAR		C	STATE OF MARYLAND EPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	
EASED NAME	FIRST	MIDDLE	LAST	2a.

STATE OF MARYLAND	0
EPARTMENT OF HEALTH AND MENTAL HYGIENE	-
CERTIFICATE OF DEATH	DEC N

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	- STATE REGISTRAR				CERTII	FICATE OF DEA	ATH	REG. NO.			E	ST
	DECEASED NAME TYPE OR PRINT) OREC	FIRST	-	WIDDLE	DENI	NIS		JANUARY	8,	4	26 HOU 121	R AN
3.	SEX Male		4 RACE	ack	5. DATE O		YEAR O.1	6 AGE (IN YEARS LAST BIRTHDA	Y] IF	UNDER 1 YEAR	# UNDER	2± HRS MIN.
M	BIRTHPLACE ISTATE OR COUNTRY)		76 CITIZEN OF	what country?	MARRIE WIDOW	D NEVER MAI	RRIED	9 BALTIMORE CITY OR CO		COUNT		MD
1	GLEN BURN	IIE	"NORT	H^ARUNDEI	LAD HOSI	PITAL	JION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WO Carpenter	RKING (IFE)	126 KIND C	F BUSINE	SSOR
1. M	SUAL RESIDENCE (IF NUR 30. STATE	136 COUN		13c CITY OR TOW Annapoli	N	25.00	0 🗌	136 STREET ADDRESS / ZIE		214	03	
1	Edward		AIDDLE	Dennis		15 MOTHER'S M	Un	known		IAS	1	
100	WAS DECEASED EVER (YES, NO OR UNKNOWN)		WED FORCES? (WAR OR DATES)	275-12-		Kaddie		n 130 Conley	Dr.	Annap	olis	, Md
	190 DATE OF OPERA	571.25799352				NOT RELATED TO	Jan Co	IN IN	. IF YES, V CERTIFYII	VERE FINDIN	NGS USED OF DEAT	H?
	OR CONTRIBUTING UIFEITHER NOTIFY MED 21d. INJURY OCCUR	CAUSE OF DEAR CALEXAMINER) RED HILE	P Ple PLACE ((AT HOME STR ol) offended th	M. MONTH DAM. OF INJURY EET, FACTORY OFFICE F e deceased from T	ARM ETC)	216 LOCATION STREET	19_&	YES NOT INJURY IN CITY OR TOWN	19	COUNTY	that (I) (v	TATE we) lost
	234 PHYLICIAN N ELMO	M/ GAY	oso, M.		(h	220 ADDRESS BAJ	57 LTIMOF			ROAD	1/80	
24	Burial, CREMATOR Burial FUNERAL DIRE NAME Spencer E. S	V		1,1986 De	ennis	-Griffin	Cem.	Shady Side EREC'D. BY REGISTRAR 236	A.A	R'S SIGNAT	ld.	TATE

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is mark

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE

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016057	1 -	FOR STATE REGISTRAR	DEF		EALTH AND MENTAL HYG	IENE REG. NO		
noy be		CEASED NAME ERST	. Show	De Is DATE C	AST OGGETT DE BIRTH	20 DATE OF DEATH A	AONTH DAY YEAR HDAY) IF UNDER 1 YEAR	26 HOUR SOM
offe of	n	lake	White	MONTH 7		9 BALTIMORE CITY OF	YRS MONTHS DAYS	HOURS MIN.
death. Page	0	RTHPLACE (STATE OR FOREIGN) COUNTRY) LIMINIA	76 CITIZEN OF WHAT COUP	WIDOWE		A.A.Co.		MD.
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Filled in	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER HISTITUTION, GIVE RESIDENCE 134. CITY OF Balti		13d. INSIDE CITY LIMITS?	130.STREET ADDRESS /	ZIP CODE	
ond 2 3thm	7	William	O. Doggett		15 MOTHER'S MAIDEN NAME FIRST	H. Hardir		
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physicio on poperi emovol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D DV.	ral Co pu	lmonary	arrest	APPROX BETWEEN	ONSET AND DEATH
that the death ce d by the attending lease remove carb ial, cremation, or r		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	SEQUENCE OF	nonia			
no requires on the permit. Then permit. Then power to bur	CERTIFICATION	PART 2. OTHER SIGNIFICANT O	196 CONDITION FOR V			200 AUTOPSY? YES NO	206 IF YES, WERE FINDI IN CERTIFYING CAUSES YES	NGS USED
PHYSICIAN: The ending physicion this certificate in buriol-tronsit and Mental Hygie dor Ieee 18 sho	EDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	H DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM TB PART 1 OR PART 2}	
UG PHYSIC offending fer this certisis the burion hand Mentitive of the burion of the b	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	vn COUNTY	STATE
OR ATTENDING e hospital or oth DIRECTOR: After othed for use os th Dept. of Health or f tem 21 is marke		22a I certify that (I) (this hospi sow the deceased alive on			, 19 nd that in (my) (our) opinion (DEGREE	, to deoth occurred on the do		
by the ERAL Stote detection in the Indiana.		22d. PHYSICIAN'S NAME (TYPE C	e Kane	- m!		MEDICAL STAF DIRECTOR PHYSIC		10/86
TO HOSP retoined TO FUNE should be with the	270	BURIAL, CREMATION, REMOVAL	23b. DATE	123, NAME OF	EMETERY OR CREMATORY	23d. LOCATION		
ВР		Burial	1-13-86		Hill Cemetery	Brooklyn	Pk., A.A.CO	
DHMH - 16 50M 4/83 (VRA 15, 4)	24	George J. Gonce	,4001 Ritchie	Hg.,Bal	timore,MD JAN	13 1986	CIENCOS INAN S SIGNA	MODIE.

		STATE OF MARYLAND 8 6 0 0 1 4 7
041044	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
. 8.4		CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR
nay be page 3 r death	3SE	X 1. RACE S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IN UNDER 24 HRS
ofto	F	emale Caucasion 7-29-1929 56 YRS. MONTHS DAYS HOURS MIN
troll 37		DESCUE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED PROPERTY OF COUNTY OF DEATH WIDOWED DIVORCED ADDRESSED FUNDED
d'h	10. C	TITY OR TOWN OF DEATH (11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING (F) INDUSTRY
In by the be filed	USU	DEVELLA PR. 434 OLU UTCHZIG LICUK DOUSLWITH VOIDE JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION).
Me File 24	3	STATE AND HOME AND SEVENS OF TOWN 13d. INSIDE CITY LIMITS? 13d. STREET ADDRESS 1 ZIP CODE CHARD CITCLE
MAKYLL ed within mpletely and 2 sh) F.	ATHER'S NAME MODLE CACTED 15. MOTHER'S MAIDEN NAME MIDDLE MARKEY MIDDLE MARKEY MIDDLE MARKEY MIDDLE MARKEY MIDDLE MIDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE
re be execute income and correction and correction and correction and correction and correction and correction are madicaled to the medicaled		WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (SAME AS) (155209304 J- CLINTON DOOCH (ABOVE # 36)
., bAlling		III. CAUSE OF DEATH IEnter only one couse per Tropped is, (b), and (c). PART I, DEATH WAS CAUSED BY: APPROXIMATE TO A COURT OF THE PART I, DEATH WAS CAUSED BY:
B B or rer		DUE TO OR AS A CONSEQUENCE OF
of of or		Conditions, if any, which gave rise to immediate
the gray of W.		cause (a), stoting the underlying cause last
quires the quires the signed b hen pleas to buriol,	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
been mit. I	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
VITAL NSICION ICOTE ho TODSI P Hygien 18 sho	ERTII	YES NO YES NO 1 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY (NITEM 18 PART LOR PART 2)
PHYSICIAN: The Intending physician this certificate has he burial-transit pend Mental Hygiene ad an item 18 shaws		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. MONTH DAY YEAR
Then the and	MEDICAL	214 INJURY OCCURRED 214 PLACE OF INJURY AT WORK STREET FACTORY OFFICE FARM ETC.) 211 LOCATION 314617 CITY CALCUMP COLIMIT VAITE
NDING NDING of or oth use as the Health or		23x 1 certify that (1) in the latender of the deceased from \$\\ \\$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
OR ATTEN The hospital DIRECTOR Suched for us Dept of He Hem 21 is		stive the disceased alive are above, (I) (washed idded) in (my) are apinion death occurred on the date and hour and from the causes stated above, (I) (washed idd not) view the body after death. The SIGNATURE The SIGNATURE
AL OR A' 1 the has 1 the has 1 the has 1 the has 1 the has		K-L-CLOCK THENDING MEDICAL STAFF HYSICIAN DIRECTOR PHYSICIAN 1/24/86
TO HOSPITAL OR A etained by the har TO FUNERAL DIREC should be detached with the State Dept MPORTANT. If her		Ryhard Titrehman M.D. 1/2 Murray Ave. Annanlis MD 21401
Of other way	23a	BURNAL, CREMATION, REMOVAL 235 DATE 23C NAME OF CEMETRRY OR CREMATORY 236 LOCATION COUNTY STATE
BP	24_E	EUNERAL DIRECTOR 60 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DHMH - 16 50M 4/83 (VRA 15, 4)	I	SARRANCO FH. SEVETIS PRIMD 2/146 FEB 03 1998 guin trin donn Mondales

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	FOR 1 - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND BANK OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	6 0 0 I	4 8
	I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	Dorgan	To Date of Death	21 86 0057 M
1	3. SEX Female	4. RACE	5. DATE OF BIRTH MONTH DAY Jan 13 1902	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
/	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maine	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED MORCED	BALTIMORE CITY OR COUNTY Anne Arundel	
1	Ft. Meade	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, A Kimbrough AI		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF VIORKING LIFE OWNEY/OPERATOR	
7	13a STATE 13b. Co	ANNE ARUND ODENTON	N 138. INSIDE CITY LIMITS?	130. STREET ADDRESS 519 Gladhill	Road 1/1/5
1	14 FATHER'S NAME FIRST Curtis	MIDDLE LAST Tracy	15. MOTHER'S MAIDEN NA	MIDDLE	Googins
	160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? 166. SOCIAL SECU GIVE WAR OR DATES) 007-05-70		ADDRESS Gough 519 Gladhi	II Rd. Oden. Mc
	PART I, DEATH WAS CA	er anly ane cause per line far (a), (b), and USED BY: DIATE CAUSE (a) CARD/I	1000.7		BETWEEN ONSET AND DEATH
	Canditians, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF		

	MD			YES X NO D 519 Gladhili Road				
1	14 FATHER'S NAME FIRST Curtis	WIDDLE	Tracy	15. MOTHER'S MAIDEN NAM	E MIDDLE	God	ogins	
	160. WAS DECEASED EVER IN (YES, NO OR UNKNOWN) NO	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 007-05-7689	17. INFORMANT Charles R.	ADDRE	Giadhill R	d. Oden. Md.	
	PART I. DEATH WA	(Enter anly ane cause pe S CAUSED BY: MMEDIATE CAUSE (a)	r line far (a), (b), and (c),1 CARDIA C	ARREST		AF BETV	PPROXIMATE INTERVAL WEEN ONSET AND DEATH	
		which diate the last. (b) DUE TO, O	OR AS A CONSEQUENCE OF		NAL DISEASE OR CONI	DITION GIVEN IN PA	RT 1(a)	
,	Right 19a. DATE OF OPERATION 210. ACCIDENT WAS UNDE					20b. IF YES, WERE FOR CALLING		
1	OR CONTRIBUTING TO CA	USE OF DEATH HOUR A	DF INJURY .M. MONTH DAY YEAR .M. 19	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN (IEM 18, PART 1 OR PART 2)				
	(# EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHI AT WORK AT WORK	E (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FARM, EYC.)	211 LOCATION STREET	CITY OR TOW	VN COUNT	Y STATE	
	220-1 certify that (1) this hospital) attended the decepted from 6013 21 year, 19 86, to 0037 4413 86, that (1) (we) last saw thy attended to prove the body offer death, and that in my) (aur) apinion death accurred an the date and haur and from the causes stated above, (1) (we) dail) did not (1) year the body offer death).							
	27h SIGNATURE	MA	Par 40	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FF _V 3	Tan &	

BP. DHMH - 16 25M (VR A 15 (4)) 9/74

24. FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

burial

Hardesty Funeral Home 12 Ridgely Ave. Annapolis Md 21401

23b. DATE

1/23/86

131. NAME OF CEMETERY OR CREMATORY St.Stephans

220 ADDRESS

234 LOCATION / Crownsville, A.A. Md.

STATE

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009198	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND STATE OF MEALTH AND MENTAL HYGO CERTIFICATE OF DEATH		4 9 EST
noy be	1. DE	CEASED NAMEAMETHA ORPRINT) APELIA	EMILY	DOROSZ DOROSZ	REG. NO 20 DATE OF DEATH MONTH DA JANUARY 05	20 110011
age 4 moy rector, po urs after d		Temale	4.RACE Caucasian	5. DATE OF BIRTH MONTH DAY YEAR 9 17 08	77 YRS	UNDER I YEAR IF UNDER 24 HRS
deoth. Pe	Ma	RTHPLACE (STATE OR FOREIGN COUNTRY) RTYLAND TY OR TOWN OF DEATH	U.S.A	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNDE	L COTPITY MD.
ours ofter		GLEN BURNIE	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET, AFTURNOS)	CONFISS PITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Grocer	126 KIND OF BUSINESS OR INDUSTRY Grocery
hin 24 ho	13a S	TATE 136 COUR	A. Glen Bu	N 13d INSIDE CITY LIMITS?	715 Old Stage	Road 21061
of the state of th	160 V	Walter VAS DECEASED EVER IN U.S. AR	Chaski MED FORCES? 166 SOCIAL SECUI	FIRST	Unknown	LAST
be exection and rs. Pages		NO (IF YES, GIV	213 34	2435 Mrs. Stanl	ret) 715 Old Stey A. Dorosz	
ng physic bondope removol			oly one cause per liptor (01, (b), and D BY: TE CAUSE (0)	Ye	Α	BETWEEN ONSET AND DEATH
he deoth on attending an attending are motion, are troumoting at the attending at the atten		Conditions, if ony, which gove rise to immediate couse to, stating the	DUE TO, OR ASA CONSTQUE	respiratly to	uling	24hs
es that the ned by the please re- urial, crem		underlying couse lost.	DUE TO, OR AS A CONSEQUE	the myelong	INAL DISEASE OR CONDITION GIVEN	Lyears
low requires sabeen signification of the series of the ser	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES.	WERE FINDINGS USED NG CAUSES OF DEATH?
SICIAN The og physicion certificate har riol-tronsit pental Hygien frem 18 show		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR	YES NO YES	
IG PHYSK offending ter this cert the buriet of the buriet red or the desired the desired or the	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES 216 IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 21e PLACE OF INJURY (ALHOME STREET FACTORY OFFICE FA	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN spital or CTOR: Aft for use o of Health			tall lattended the deceased from	and that in Tiny tool pinion	death occurred on the date and hour of	ond from the causes stated
by the hos by the hos lERAL DIREC e detoched Stote Dept.		274 SHGNATURE	east only	DEGREE ATTENDING PHYSICIAN L	ORECTOR PHYSICIAN	17s. DATE SIGNED
O HOS Provinced TO FUN With the		ELLIOTT GO	RRATY, M.D.	GLEN BU	RNIE, MARYLAND 21	SULTH 203 061
BP	(Burial Burial		AME OF CEMETERY OR CREMATORY Ly Cross		A°NA Mđ
DHMH - 16 60M 7/B4 (VRA 15, 4)		neral director aymond C. Fir	nk Glen Burnie	Md 21061 250 JA	E REC'D. BY REGISTRAR 256. REGISTRA	AR'S SIGNATINE

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PARTY AND THE COLORS

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page 3

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attending

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TO FUNERAL DIRECTOR.

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BP.

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Item 18 sh

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IMPORTANT.

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

1.	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARY ENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGI	6 0 ENE	0 1	5 0	
	CEASED NAME FIRST MORTY	Elizabe	The DOVE		2a DATE OF DEATH	MONTH DAY	YEAR + 86	26 HOUR 35 AM
3. SE	EMALE	WHITE	S. DATE OF BIRTH	1899	AGE (IN YEARS LAST BIR	YRS	UNDER 1 YEAR	IF UNDER 24 HRS
10.8	PARYLAND	CITIZEN OF WHAT COUNTRY?	WIDOWED	R MARRIED 🔼	ANUE A	RUNDE	L	MD.
E.	DEWATER P	PEASIANT LIVE	ng Con. C	enter	120 USUAL OCCUPATION OF OF WORK FOR MOST O		Strong	mhen
13a	TATE 1136 COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE A 13C CITY OR TOW	YES T	NO D		ZIP CODE	on R	37
1	Louis A	1. Dove	2 2	EST Z A	# MIDDLE	Puc	KET	7
	VAS DECEASED EVER IN U.S. ARME YENNOWN) (IF YES, GIVE W	id forces? 166 social secur (AR OR DATES) 212-18-58	96A EL	Za Jo	Boy Bond	A FO	rbes muz	
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED FINANCE)	Will I Wall	nonitis,	acute,	Klebsiel	la	36	ecks
	Conditions, if any, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENT	penalous:	& brove	hitie lun	z diseas	Ser	jents
NOI	PART 2 OTHER SIGNIFICANT CO.	DIJONS CONTRIBUTING TO DI	EATH BUT NOT RELAT	THE TERMIN	nal dise ase o r coni	DITION GIVEN	PART IIO	
CERTIFICATION	190 DATE OF OPERATION	1%. CONDITION FOR WHICH C	PERATION WAS EN	ORMED 0	200 AUTOPSY? YES NO NO		VERE FINDIN NG CAUSES (
	? a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	YEAR		D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART ?)	
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FAI	21f. LOCAT		CITY OR TO	WN	COUNTY	STATE

NOT WHILL 220.1 certify that (1) (this hospital) attended the deceased from Dec

, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

that (I) (we) lost

sow the deceased alive an above, (1) (we) (did) (did not) view the body after death 22b. SIGNATIUR

ATTENDING

MEDICAL STAFF DIRECTOR PHYSICIAN

CHARLES W. KINZER MD 22e ADDRESS

DEGREE

ANNAPOLIS, MARYLAND

DHMH - 16 60M 7/84

JAN 24 1986

(VRA 15, 4)

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34030	1.	FOR - STATE REGISTRAR			OF HEALTH AND M		IENE REG. NO.	1 2	EST
m.s.*		CEASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
deorth deorth		MARION	May		DUITON		JANUARY	29, 198	6 400 MAM
offer p	3. SE	x Female	4. RACE White		ATE OF BIRTH	YEAR 1931	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	HOURS MIN.
122	•	RTHPLACE (STATE OR FOREIGN COUNTRY) Blto., Maryland	76 CITIZEN OF WHAT O	M	ARRIED NEVER M.	ARRIED ORCED	9 BALTIMORE CITY <u>OR</u> COU ANNE ARU	INTY OF DEATH	NTY MD.
11 34		GLEN BURNIE		Y. GIVE STREET ADDRE		TUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Line Leader	NG LIFE) INDUSTRY	of BUSINESS OR
	13a	AL RESIDENCE (IF NURSING HOME OF STATE 136. COUI aryland A. A	NTY 13c. CI	IDENCE BEFORE ADMI TY OR TOWN enton	1 13d. INSIDE CIT	IY LIMITS?	13e STREET ADDRESS / ZIP C 504 Monterey?	CODE	113
ma let	1	ATHER'S NAME FIRST Wal	MIDDLE	Davis		MAIDENNA/ IRST Drothy	ME MIDDLE May	Lav	
S. Poges			VE WAR OR DATES)	2.28.048	NO 17 INFORMAN	√ (So	n) 6842 Bal	to. & Angum, Mary	nap. Blvd. land 21090
ysicio opers ovol.		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE		espirato	1				ONSET AND DEATH
n signed by the ottend Then please remove co to buriol, cremotion, o injury, or other froumot	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A (CONSEQUENCE	of Jaginal			GIVEN IN PART 1	years
hos bee t permit. iene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPER	ration was perfor	MED		F YES, WERE FINDI ERTIFYING CAUSES YES []	
certificate hard-transit entol Hygie hem 18 short		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MI		ZIc HOW INJI	URY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART ?)	
ter this of the burner of the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU	JRY ORY, OFFICE, FARM, E	21f LOCATION STREET	N	CITY OR TOWN	COUNTY	STATE
of Health		22a.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did no	1-28	10 86	, and that in (my) (aur) apinion o	to	have and from the	that (I) (we) last causes stated
RAL DIRE detached tote Dept		226. SIGNATUTI	5 H	Bu	PI, PI		MEDICAL STAFF DIRECTOR PHYSICIAN		9-86
TO FUNERAL should be detivite State IMPORTANT:		LONG S. H	SU, M.D.		22e ADDRESS	/	7845 OAKWOOD ROJRNIE, MARYLANI		E 205
P	3	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	January 2	9,	of CEMETERY OR CE	SS, In	23d. LOCATION CITY OF TOWN C. Catonsvill	e Balto:	Co. Md.
AH - 16 60M 7/84 (VRA 15, 4)		ingleton Funera	Alasking Gle	en Burni	e, Marylan	d DATE	REC'D. BY REGISTRAR 256, DE	GISTRARSSIGNA	TURE

STATE OF MARYLAND

LOWER SET 1881 N.D.

TWALKSON BEINGIN TARM TARMED MED ..

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STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O	0	1	5
CERTIFICATE OF DEATH	REG. I	NO.		
LAST	20. DATE OF DEATH	MONTH	DAY	YE AR
			-	-01

1.	FOR STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEA		REG. NO		~ 6in		
	CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	AONTH	DAY YEAR	26 HOUR	P
{TYPE	PENTANT	N W. E	CHELBERGER		January	31.	1986	8:25	M
3. SE.		4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST ORT	IDAYI	IF UNDER I YEAR	# UNDER 24 H	185
1	Male	White	Feb. 9, 18	397	88	YRS.	MONTHS DATS	HOURS M	I IPAL,
	RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARE	PIED 🗆	9 BALTIMORE CITY OF	COUNT	Y OF DEATH		
2.7	rk. Co. Pa.	U.S.A.	WIDOWED DIVOR		Anne Aru	ndel	1		MD.
1	rofton	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Crofton Con	ADDRESS)	en.	12a USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Bus Driv	WORKING LI	FE) INDUSTRY	Vall nspor	ey
13a. S	TATE 136 CO		13d. INSIDE CITY L	IMITS?	13. STREET ADDRESS / 2301 Gett	zir codi	arg Rd	170	11
-	THER'S NAME		15 MOTHER'S MA	IDEN NAM					
	Benjamin	F. Eichelbe	rger Sa	arah	WIDDLE		Fou.	lk	
160 Y	VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECU GIVEWAR OR DATES) 181-07		(sor		100	Oden	iamsb ton.	Ma
Z	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) T CONDITIONS CONTRIBUTING TO E	NCE OF	THE TERMI	NAL DISEASE OR CONE	OITION GI	VEN IN PART III		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORME	D	286 AUTOPSY?	IN CERTI	S, WERE FINDIT FYING CAUSES		
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)			Y OCCURRI	ED (ENTER NATURE OF INJUR	r IN ITEM 18	PART 1 OR PART ?)		
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	SUL	CITY OR TOV	/N	COUNTY	STATE	ŧ
	saw the deceased alive	spital) attended the deceased fram_ an19 (ngt) view the body after death	, and that in (my) (our	9 8 6) apinian d	eath occurred on the do			that (I) (we) causes stated	
	276. SIGNATURE	ale me	DEGREE ATTEL PHYS	NDING SICIAN (L	DIRECTOR PHYSIC		22c. DATE	SIGNED	
	224 PHYSICIAN'S NAME (14)	CONFINITY	THE ADDRESS	1	/		/ /		

DHMH - 16 50M 4/83 (VRA 15, 4)

After this certificate has been signed by a so the burial-transit permit. Then please

TO FUNERAL DIRECTOR:

should be detached far use as the burial-transit permit. Then pleas with the State Dept-of Health and Mental Hygiene prior to burial,

MPORTANT: If them 21 is marked or

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

236. DATE

230 NAME OF CEMETERY OR CREMATORY

STATE

Fairview Bethel Fairview Pwn.

Benson Md 230 BURIAL, CREMATION, REMOVAL Burial Burial Feb. 5.86

Pa FUNERAL DIRECTOR E. Barnes
Fleming Funeral Service Benson, Md.

Distory. Marin 1974, Add Symmetric Land - Add Land - And Land - The William Control of the Control o Laboure to the laboure of the labour Tillings are and an appearance of a motion Titles discontinue terror of the continue ter not an emigrafia reduced might be built of the farm

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	je e	he em
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	EN O	He S
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	TO HOSPITAL OK ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer decorroge 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in the funerial invector, page 3 should be detached for use as the burial-transit permit. Then please remove carbonappers. Pages 1 and 2 should be fined—tip. The softer death with the State Deat, of Health and Mental Housene prior to burial, cremation, or removal.
	AL C	ot D
	by by	ERA e d
	Sope	A P
	HO	D F
	Tet	The 3

1	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO	EDT
	PE OR PRINT) AMD	S RANDOLPI	H ENGLEHART	J ANUARY	03, 1986 0200 PM
3. 5	Male	4 RACE White	5. DATE OF BIRTH MONTH DAY YEAR 8 4 22	6. AGE (IN YEARS LAST BIRTHDAY) 63 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
d	BIRTHPLACE (STATE OR FOREIGN COUNTRY) STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUN ANNE ARUN	DEL COUNTY
A 10.	GLEN BURNIE	111. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Sales Manager	
730.	Maryland 13b. CO	-11	VN 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO 224 Wanda Road	DDE
14. 1	FATHER'S NAME FIRST AMOS	Randolph Engleh	nart Lottie	MIDOLE MIDOLE	Tharle
16a		REMED FORCES? 166 SOCIAL SECTION OF THE SECTION OF		thoron,3 Dunlap	21122
	PART I. DEATH WAS CAU	only one couse per line for (a), (b), or SED BY: ATE CAUSE (a)	elmones arrest		BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE (b) MR L L L DUE TO, OR AS A CONSEQUE (c) DUE TO, OR AS A CONSEQUE (d) DUE TO, OR AS A CONSEQUE (d) DUE TO, OR AS A CONSEQUE (d) DUE TO, OR AS A CONSEQUE (e) DUE TO, OR AS A CONSEQUE (d) DUE TO, OR AS A CONSEQUE (e) DUE TO, OR AS A CONSEQUE (f) DUE TO, OR AS A CONSEQUE	IENCE OF SULLY COM	e.	mulls
	underlying couse lost. PART 2. OTHER SIGNIFICAN	(c) Cigario	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION O	GIVEN IN PART TO
CERTIFICATION	190 DATE OF OPERATION	yeal @ aut	HOPERATION WAS PERFORMED	200 AUTOPSY2 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO} \)
-0	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LETTER NOTIFY MEDICAL EXAMIT		21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM)	8 PART OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	ZIE PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	PARMLETC) 2H LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased alive	pital) attended the deceased from an analysis of the body after death.		death occurred on the date and h	our and from the causes stated
	226 SIGNATURE - Churtin	a. Marin, 1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1 3 56
	22d PHYSICIAN'S NAME (TYPE	A. MARINO, M.D.	PASALEN	667 FORT SMALLWAY, MARYLAND 211	
23a	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	1. 23b. DATE 23c 17-86	NAME OF CEMETERY OF CREMATORY Loudon Park Cem.	23d LOCATION CITY OR TOWN Baltimore	COUNTY Maryland
	FUNERAL DIRECTOR NAME Hubbard Funeral	Home, Inc., 4107	21229	TE REC'D. BY REGISTRAR 256 REGI	ISTRAR'S SIGNATURE

STATE OF MARYLAND

0	0	1	5	4

1.	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG	REG. NO	,		EST
	CEASED NAME FIRST	WIDDLE	ı	AST	20 DATE OF DEATH	AONTH DAY	YEAR	26 HOUR
-	GERTRUDE	Seery	ERI	CSEN	JANUARY	11,	1986	415 4
3 SE	X 4	RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTH		INDER I YEAR	IF UNDER 74 HRS
	female	white	Oct	20,190	3 82	YRS	IIAS DATS	NOURS MIN
		CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY OF	-	DEATH	
	OUNTRY) NY	USA	WIDOWE		ANNE A	RUNDEL	COUN	TY MI
	GLEN BURNIE	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, NORTH ARUNDE	IG HOME CADDRESS)	76-70	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Tailor Sho	WORKING LIFE)	INDUSTRY	il Serv.
	AL RESIDENCE (IF NURSING HOME OR O STATE 13b COUNT MD A.	Y I3c CITY OR TOW		13d. INSIDE CITY LIMITS? YES NOX3	13e STREET ADDRESS / 8223 Grai	ZIP CODE nfield	Dr.	21144
14. F	ATHER'S NAME FIRST JOHN	Seery		15 MOTHER'S MAIDEN NAM	WE	Go	rman	T
	17.0	ED FORCES? 166 SOCIAL SECU WAR OR DATES! 129/09/2		Niss Patricia	ADDRES a Ericsen (d			
	PART I. DEATH WAS CAUSED	one couse per line for (a), (b), and BY: CAUSE (a)	-				BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	able	Congestive ?	Hent for	uly		
NO	PART 2 OTHER SIGNIFICANT CO	OND ITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	IT ION GIVEN	IN PART 1	3
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO NO	20b IF YES, W JAN CERTIFYIN YES [G CAUSES	
	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	AY YEAR	71¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE F	ARM ETC }	ZII LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
		of the deceased from		nd that in (my) (our) apinian (death accurred on the da			that (It (we) las

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

should be detoched for with the State Dept. of h BP.

FUNERAL DIRECTOR

MPORTANT

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial 15 Jan. 1986

226 SIGNATURE

24 FUNERAL DIRECTOR

236 NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

Arlington Nat'l Cem

ATTENDING

23d LOCATION Ft. Myer

DIRECTOR PHYSICIAN

COUNTY

21.061

22c. DATE SIGNED

STATE

Va.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE vision-Badelle

STAFF

Singleton Funeral Home Glen Burnie, Md. 21061

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1 - STATE

STATE OF MARYLAND & & DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

0010		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	
n= 10		CEASED NAME FIRST	MIDDLE		"VA.NS	20 DATE OF DEATH MONI	TH DAY YEAR 26 HOUR F
deo	3 SE:	Ea	14 RACE	5. DATE C	DE RIRTH	January)	FUNDER I YEAR IF UNDER 24 HRS
softe	3 50	Female	Cauc	Oct	16.1892	0.3	WONTHS DATS HOURS MIN.
Poor CA		RTHPLACE ISTATE OF FOREIGN	76. CITIZEN OF WHAT COL	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR CO	
19/1	_	chigan	U.S.A.	WIDOWE	DIVORCED	Anna Aru	
27	Λ	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	American Feder
12/		L RESIDENCE (IF NURSING HOME	Ahna Arun	CE BEFORE ADMISSIONI	, Hospital	Legal Secret	ary Govt. Employed
199	13a S		Arundel Riva		13d INSIDE CITY LIMITS?	210 Poplar	coad 21140
H	14. FA	THER'S NAME James	Henry La	aston	15. MOTHER'S MAIDEN NAM	WDD(E	Brûce
1	No.	VAS DECEASED EVER IN U.S. A		AL SECURITY NO22-5171	Jean E. McGi		247 Dogwood Road cer)Millersville, N
vent, the		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED)	only one couse per ling for ion SED BY ATE CAUSE (a)	rt failu	ve, progre	ssive	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH A VOAVS
or rel		Canditions, if ony, which	DUE TO, OR AS A CO				many years
		gove rise to immediate cause (a), stating the underlying cause last	11 11				
in Gold	NO	PART 2 OTHER SIGNIFICANT		NG TO DEATH BUT	NOT RELATED TO THE TERM		ON GIVEN IN PART 110
ene prior	CERTIFICATION	Dac 11. 1985	196 CONDITION FOR	116	n was performed		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
818		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		TH DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN II	EM 18 PART (ORPART 2)
o He	MEDICAL	21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY		211 LOCATION	CITY OR TOWN	COUNTY STATE
orked	2	AT WORK NOT WHITE	TAL NOME STREET PACTORY	7)	11 05	- T 010	10/
21 із т		22a.1 certify that (1) (this has saw the deceased alive a above (1) (we) (did) (did	7 . 0	1986 0	nd that in (my) (our) opinion o	death occurred on the date of	nd hour and from the causes stated
T. If Hem		22h SIGNATURE Charles	W. Kinz		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	122. DATE SIGNED Jan 9, 1986
MPORTAN		22d PHYSICIAN'S NAME (14P)	W. KINZE	1.75	16 MURRAY	AVE, ANNAP	10US MD 21401
3 &		URIAL, CREMATION, REMOVA	1/13/86	Cedar H	emetery or crematory ill Cemetery	Suitland	P.G. Maryland
M 7/84		rancisco Gasch's				N 1 6 1986	REGISTRAR'S SIGNATURE

F ... Cause - Cut to 1892 73 2 20 12 15 15 Anna Armold V Rangelis Ann Armed Lan Hoptel Acres straight Commy hourt diane March March the H 1965 Landon tell from the Jan 9 66 11 65 July 1984 From Charles the Kingers - X - Tru & 128/ CHARLES IN KINZER PLD IN PLANE AS E AMAREUS AD 21407

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

081140 Journald James Comment with the Comment William from the service is a service with the service of SET SUMMED AND THE PROPERTY OF BOTH HE SOLDEN FRANKER WAS TONE WAR TO THE SOLDEN FOR THE SOLDEN F

1	FOR - STATE REGISTRAR	DEPARTN	STATE OF MARYLAND RENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH		ED)
H-DE	CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
ETHPI	SAUL		FEHLDEN	JANUARY	08, 1986 807 _M
1.58		4. RACE	5. DATE OF BIRTH		IF UNDER LYEAR IF UNDER 24 HRS
M	ALE	WHITE	SEPT. 21,1896	89 YRS	
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
	ARYLAND ITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL NURSIN	WIDOWED DIVORCED	ANNE ARUN	DEL COUNTY MD
	GLEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STREET, NOR'TH ARUNI	DEL HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIF	GEN. EXPORTE
MA	RYLAND ANNE	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 131. CITY OR TOWN PASADENA	N 134. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS / ZIP CODE 377 N. SHORE RD	
14. F/	ATHER'S NAME FIRST ISRAEL	FEHLDEN	15. MOTHER'S MAIDEN NA FIRST YETTA	MIDDLE	NKNOWN
	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECU		ADDRESS	PASADENA,
- 1	YES, NO OR UNKNOWN) (IF YES, GI	217-05-	7765 MRS. IRENE FE	EHLDEN 377 N. SHO	RE RD, MD, (21122
	Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause last	DUE TO, OR AS A CONSEQUE		Kailing *	1 Pay
NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	CEATH BUT NOT RELATED TO THE TERM	1.	EN IN PART Tra
CERTIFICATION	9a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
100000	218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME STREET, FACTORY OFFICE, F.	ARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	saw the deceased alive or	nitol) attended the deceased from 19	, and that in (my (aur) pinian	deoth occurred an the date and hav	that (I) (we) ast
	22b. SIGNATURE	a few		MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
	DAVID A. SC	CHWARTZ, D.O.		OAKWOOD ROAD, #: BURNIE, MARYLAN	
23a	BURIAL, CREMATION, REMOVA		JAME OF CEMETERY OR CREMATORY	23d. LOCATION	
В	URIAL	1/10/86 AN	ISHE EMUNAH AITZ CI	HAIM BALTO., BAL	TO, MD.

(21215

250 DATE RECIP BY REGISTERS 256 REGISTERS SISTEMATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR SOL LEVINSON & BROSORESS

6010 REISTERSTOWN RD. BALTIMORE., MD.

and the same

3/4

The Cotton

Grant 4 Th

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1 - STATE

STATE OF MARYLAND & & DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FST

REGISTRAR			REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT) RICHARD	F	FELTY	SR JANUARY	31, 1986 1030 AP
3,5EX	4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
Male	White	Dec. 10, 1926	59 YRS	
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED XX NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
Arbutus, Md.	USA	WIDOWED DIVORCED	ANNE ARUN	DEL COUNTY MD.
10. CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
GLEN BURNIE	NORTH ARUNI		Driver - Flo	ordl Delivery
SUAL RESIDENCE (IF NURSING HOME C 30 STATE 13b COU		urnie 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COL	
THER'S NAME FIRST Claude	MIDDLE LAST Cecil Felty	Sr. Frances	AME	Daugherty
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	CURITY NO 17 INFORMANT	ADDRESS	
	WW 2 220-18	-3592 Roselma Fo	elty, Wife, same	as 13
18 CAUSE OF DEATH (Enter of	only one cause per line for 61, (b),	and is: L	- 1	BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	sho - perpon	long arried	
	Pol a	O DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION G	SIVENIN PART IIO
19 DATE OF OPERATION TIO. ACCIDENT WAS UNDERLYING	C	CH OPERATION WAS PERFORMED	TIN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{V} \)
OR CONTRIBUTING TO CAUSE OF D	EATH HOUR A.M. MONTH		JRRED (ENTER NATURE OF INJURY IN ITEM 1	
(IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED NOT WHITE AT WORK	Zie. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	E FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive o	pital) attended the deceased from	, and that in (my) (aur) apınia	, to, to	our and from the couses stated
77% SIGNATURE	bhille		MEDICAL STAFF	2/1/86
JOSE M. P.	RESBITERO, M.D.	GLEN E	7845 OAKWOOD ROA BURNIE, MARYLAND	
23a. BURIAL, CREMATION, REMOVA		RE NAME OF CEMETERY OR CREMATOR		COUNTY STATE.

DHMH - 16 60M 7/84

Burial 74 FUNERAL DIRECTOR

(VRA 15, 4)

Feb 4,1986 Meadowridge Mem. Pk. Elkridge, Howard, Maryland

250 DATE REC'D. BY REGISTRAR'S SIGNAL PROPERTY.

Pk. Elkridge, Howard, Maryland

FEB 0 1 1986 Kirkley, Glen Burnie, Maryland James S

SEE . O 4 33

LYDIC WALKERS STRUKE STOLE

7845 ONOTHIN TOUR, STITUTE LOT

the deat. Jan 's Abread.

VIOLENCE BONDERS TO CA

CLONER

STATE OF MARYLAND STATE OF MARYLAND 8 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIFIC	ATE OF DEAT	H	REG. N	0.			
I. DECEASED NAME	FIR51	MIDDLE	LAST				MONTH	DAY YEAR	26 HO	UR
	tricia Di	xie Fin	nelle			1-11	-1986	5		М
Female	4. RACE Wh	ite	5 DATE OF	DAY	1927	AGE (IN YEARS LAST BIR	YRS	MONTHS DATS	HOURS	R 21 HRS
70. BIRTHPLACE (STATE OR FI	OREIGN 76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARR	IED 🗆	Anne Arund	OR COUNT			MD
10 CITY OR TOWN OF DEA Annapolis		HOSPITAL, NURSING CHACLUS OF STEEL PUNCE T STEEL	G HOME OR	OTHER INSTITUT	ION I	HÖÜSEWIFE	ION DE WORKING LI	IZE KIND INDUSTRY HOUS		ESS OR
USUAL RESIDENCE (IF NURSI	NG HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	Ar 11	3d. INSIDE CITY LI		13e STREET ADDRESS			3/	7
14 FATHER'S NAME FIRST	MIDDLE	Adcox	1:	Nora	IDEN NAM	WIDDIE	00		(ST	
160 WAS DECEASED EVER (YES NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECUI		7 INFORMANT	. Fin	ADDRI nelle 1738		Edgewa		Md .
PART 2 OTHER SIGN 190 DATE OF OPERAT	lificant conditions c		DEATH BUT NO	OT RELATED TO T		20e AUTOPSY?	20h IF YE IN CERTII	S, WERE FIND IFYING CAUSE	INGS USE S OF DEA	TH?
274 PHYSICIAN'S N	AUSE OF DEATH AL EXAMINER) ED The PLACE (AT HOME, SI this hospital) ottended the olivery d) (and not) view the body	M. MONTH DA M. OF INJURY REE1 FACTORY, OFFICE FA the deceosed from 19 office deoth.	ARM ETC)	that in (hy) (our) PEE ATIEN PHYS Pre ADDRESS	opinion de	DIRECTOR PHYSIC	own ote and hou	LIP COUNTY	tho (1)	we) lost
Dr. Davi		23c. N		METERY OR CREM		Annapolis,	Md.	COUNTY		STATE
Buri. 24 FUNERAL DIRECTOR	al 1-14 uneral Home	ADDRESS	odfiel	d Cem.	250. DATE	Galesvil REC'D BY REGISTRAR N 1 6 1986	25h REGIST	AACo.	Md.	المقاد

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

injury, or other troumotic event, th

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR.

months have been by the property and the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

R	F	G	N	0

REGISTRAR		CLIVIIII	CAIL OI DEATH	REG. NO).	
1 DECEASED NAME FIRST	WIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY YEA	AR 26 HOUR
Gladys	М.	Flemm	ing		14,1986	м
	RACE	5. DATE O	FBIRTH	6 AGE (IN YEARS LAST BIRT		VEAR IF UNDER 24 HRS
Female	White	Jul	y 29, 1899	86	YRS	
BIRTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTR	RY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	Н
Bridgeport Con	n. USA	WIDOWE	**	Anne Ar	undel Co	• MD.
10. CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NUR: (IF NOT IN SUCH EACILITY, GIVE STR.)		ROTHER INSTITUTION	120 USUAL OCCUPATIO	ON 12b. KIN	ND OF BUSINESS OR
Annapolis	Anne Arundel		ral Hosp.	Housewi	fe Ho	usehold
USUAL RESIDENCE (IF NURSING HOME OR O 130 STATE Florida Indi:	the institution, give residence ber an River Ver	OWN BCh	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE Street	3205099
14 FATHER'S NAME	V		15 MOTHER'S MAIDEN NA		001000	
	. Ander	rson	Margare	MIDDLE	Olson	Florida
160 WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SE	ECURITY NO.	17 INFORMANT	ADDRE	ss Lane	Vero Bch
NO (1E YES, GIVE V	war OR DATES) 070-20	0-9374	Frederick	J. Flemmi	ng Jr. 53	37 Dahlia
18 CAUSE OF DEATH (Enter only	ane cause per line for iai, (b),	ond (c			APP BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED		ronin			3	DAUS
	7			p 2 11 1 2		
6-49 - 3	DUE TO, OR AS A CONSEC	NE C				
Conditions, if any, which gave rise to immediate	(b) 36V6	14 6	060			
cause (0), stating the	DUE TO, OR AS A CONSEC	QUENCE OF				
underlying cause last	(c)					
PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING T	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	ITION GIVEN IN PAR	tt Ira
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED						
S 190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION	WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIN	
音				YES NO	YES	NO [
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PAR	1 2)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAT TEAR				
21d. INJURY OCCURRED	21e PLACE OF INJURY	19	21f. LOCATION			-
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFIC	CE, FARM, ETC.)	STREET	CITY OR TO	WN COUNTY	Y STATE
220.1 certify that (I) (this haspita	1) attended the deceased fra:	m 198	19	10 / - /	4 19 85	, that (1) (we) last
sow the deceased alive an_	1-14	100	d that in (my) (aur) opinian	death accurred an the da		
abave, (1) (we) (did) (did nat)	view the bady after death		DEGREE			ATE SIGNED
Oplino C	Dulliam.	mi	7 ATTENDING	MEDICAL STAF	F /-	15-86
22d PHYSICIAN'S NAME (TYPE OB)	RINT)		PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	1017	*
JOHN TAL				ST DR. AL	WAPOLIS 1	MD 21401
23a BURIAL, CREMATION, REMOVAL		31. NAME OF CI	EMETERY OR CREMATORY	23d. LOCATION		
Cremation	1-16-86	Westv	iew Park	Baltime	ore	Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carbo with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar re

MPORTANT: If Hem 21 is marked or Hem 18 shows

24 FUNERAL DIRECTOR
NAME
T.A. Ha Hardesty

Annapolis, Maryland

JAN 16 1986 Juna Aurian Andrew

SAME SEE

4 1-	FOR STATE REGISTRAR		ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE REG. NO.	
(TYPE C	EASED NAME PRINTS EAGUS	MIDDLE .	Flewellyn	Jon 30-	1 86 6 5 M
3. SEX	Tale	Caucasion	12 - 10-1899	86 YRS	ONTHS DATS HOURS MIN
7º BIR	ANADA		MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne Aru	indel Como.
CLS	NUSPOIS	1. NAME OF HOSPITAL, NURSING	Sonvales. Cont	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY ELEC.
in in	ATE 136 COUNT	TY A 13 CICITY OR TOWN	YES NOT	13, STREET, ADDRESS / ZIP CODE	Dr. 21012
20	40hN	FIEWEIL	15 MOTHER'S MAIDEN NA/	- UNK	nour-
	AS DECEASED EVER IN U.S. ARM S NO O UNKNOWN) I IF YES GIVE	MAR OF DATES) 166 SOCIAL SECUR Z13035	17 INFORMANT JAMES	Flewellyn	(ABOVE #13
	8 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		/ //	oce.	BETWEEN ONSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)			
_ NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	inal disease or condition give	N IN PART 1 o
7 8	90 DATE OF OPERATION	196. CONDITION FOR WHICH C	PERATION WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH?
1 3	(IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY	YEAR 19	RED [ENTER NATURE OF INJURY IN ITEM 18 PA	ART OR PART 2}
9	NOT WHILE AT WORK	71e PLACE OF INJURY LATHOME STREET FACTORY OFFICE, FAR	M ETC)	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this hospital saw the deceased alive on abave, (I) (1)	Mc 19 5	5 , and that in use 100 person of	5. to <u>Dresen</u> . I death accurred on the date and hour	9 that (I) (we fast and from the causes stated
	276 SIGNATURE	Loue 97	DEGREE ATTENDING PHYSICIAN E	MEDICAL STAFF	31 You 86
	276 PHYSICIA YS NAME THE SE	rand)	776 ADDRESS		
23a Bi	BUTION, REMOVAL	2-3-86 31 NA	MATUS CEMATORY	HAMLEN,	Bolt MI
4 24-148	NERAL DIRECTOR NAME RANCO	F.H. Severn	TCHIE HUEBO	4 1986 A LEGISTRAN 256 REGISTR	707 6 60

Tab Milater American Committee Commi STOIS ACE Home was a borrie touch and concerns (SE STORE) AND COMPLY OF THE VOICE OF THE STORE OF

DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR

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I	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND & MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	6 D O	1 6 4
	PECEASED NAME FIRST PE OR PRINT) HELEN	MIDDLE	FLYNN	20 DATE OF DEATH MONTH	-1986 1130
3 S		Caucas	5. DATE OF BIRTH 7 - 23-1894	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR FUNDER 24 HRS MONTHS DATS HOURS MIN.
3	VICAINIA	U.S. A.	MARRIED NEVER MARRIED	P BAUTIMORE CITY OR COU	Arundel 6
4	ARNOID	1027 LANT	SON LANE	128 USUAL OCCUPATION (14PE OF APPLEOR MOST OF YORK)	NG (HE) 126 KIND OF BUSINESS OF
21	NATURAL HUND	TY ARUN, HR N	APPLIED NO SET THE TENTES	10 Z7 L	Andon Lane
40	JOHN	ADDLE FLASIN	N MAR	MIDDLE	Surliva
	WAS DECEASED EVER IN U.S. ARA (YES, NO OF UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECULAR OR DATES) 110010	033A Thoma	ADDRESS NO PAN	SAME AS
	PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), or BY: CAUSE (a) COLU	was well as		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENT OF THE CONSEQUENT OF		out dell	are
NO		ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	inal disease or condition	GIVEN IN PART TIO
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
		HOUR A.M. MONTH D	AY YEAR 21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEA	A 18 PART I OR PART ?)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE, I	PARM EIC) 2H LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive an above (I) (we) (ald) (did not	ol) attended the deceased frame	, and that in (my) (our) apinion of	to 1000 28	have and from the causes stated
4	220 SIGNATURE	ucis		MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
	HITTONIC	Pluces	22e ADDRESS		
230	BURIAL, CREMATION, REMOVAL	236 DATE 236 1	NAME OF CEMETERY OR CREMATORY	n LOCATION	W. A. A. M

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
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111	/	FOR STATE REGISTRAR			CERTIF	E OF MARYLAND EALTH AND MENTAL HYG	REG. NO.	1 6 3 EST
9		OR PRINT)	M	WIDDLE		RSYTHE	JANUARY	12. 1986 1010. A
ofter death	3 SE		4 RACE White		5. DATE (OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 83 YR:	IF UNDER LYEAR IF UNDER 24 HRS
35/	7a BI	RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.	A.	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY ANNE ARU	INDEL COUNTY MD
At.		GLEN BURNIE	(IF NOT INSU	RTH"ARUND	EL HO	SPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Waitress	G LIFE) Restaraunt
536	13a. S			Give RESIDENCE BEFORE Gir Gir Oli Town	4	13d. INSIDE CITY LIMITS? YES NO XX	13e.STREET ADDRESS / ZIP CO	
120		THER'S NAME FIRST Emil VAS DECEASED EVER IN U.S. A	MIDDLE	Hoitz THE SOCIAL SECUR	otty sym	Margaret It INFORMANT	MIDDLE	Fallenson
Page /	1		VE WAR OR DATES)	218-26-1		Margaret J.		13
n signed by the otter. Then please remove a ra burial, cremotian, injury, or other froum	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE 10.0	meey	and the	Deule 1	us do organismos	AMAC GIVEN IN PART 110
ist permit.	CERTIFICATION	19a DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO TO CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
certificot mol-trons ental Hyg them 18 §	MEDICAL CE	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	ATH HOUR A	.M. MONTH DA	Y YEAR		RED (ENTER NATURE OF INJURY IN ITEM	IS PART T OR PART 2)
fter this as the but th and M orked or	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME 51	OF INJURY TREET FACTORY OFFICE FA	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ECTOR: A pd for use of of Heolim 21 is me		27a I certify that (I) (this hasp sow the deceased alive a above, (I) we) (did) (did n 27b. SIGNATURE)			16.	nid that in (my) (our) opinion DEGREE	death occurred on the date and l	hour and from the couses stated
FUNERAL DIRECTION of the State Dept.		224 PHYSICIAN'S NAME TYPE	OR PRINT)	1//	>	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN 7067 BALTO-ANNA	POLIS BLVD
should be der with the State IMPORTANT:	730 9	SAN K. HA		122. N	AME OF	GLEN B	URNIE, MARYLAND	
	В	UPTAL CREMATION, REMOVA SPECIFY) JNERAL DIRECTOR				Nat. Cemeter	y Baltimore	COUNTY MD
- 16 60M 7/84 /RA 15, 4)		James S. Kirkle	y Glen	Burnie MD		J	AN 1 = 1986	De borto l'union

22043	X.	FOR STATE REGISTRAR Ttems #		TMENT OF HEALTH AND A		IENE REG. NO	EST
13		CEASED NAME FIRST	WIDOLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
poge 3	(TYP)	OR PRINT! WALT	TER ADOLPH	FUNKE		JANUARY	18, 1986 1234 PM
pod er de	3. SE	X A	4 RACE	S. DATE OF BIRTH 3	1913	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
s of	0	/\/ Male	White	MONTH DAT	YEAR	73 YRS	MONTHS DAYS HOURS MIN
hou hou		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED X NEVER A	MARRIED	9 BALTIMORE CITY OR COUN	
n 72	/	Maryland	USA	WIDOWED DI	VORCED		DEL COUNTY MD
d with	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INST	TITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
1 P	2	GLEN BURNIE				Shipbuilder	Md Drydock
id be		AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE JNTY 130 CITY OR TO		ITY LIMITS?	13e STREET ADDRESS / ZIP CO	
hoot w	11.5	Md. A	A Glen Bu		NO X	155 Funke Roa	id, 21061
and 2	14, 17	ATHER'S NAME	MIDDLE		FIRST	WIDOLE	LAST
3/1	160.3	Walter WAS DECEASED EVER IN U.S. A	A. Funke			R.	Forkel
edice offe		YES NO OR UNKNOWN) (IF YES G	GIVE WAR OR GATES)				20 12
1 1		NO I	213-01-		ret sor	ter Funke, same	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUS		reschio ou	Imone	a Allest	BETWEEN ONSET AND DEATH
20		IMMEDIA	ATE CAUSE (a)		0		HEY SEE
1		Conditions, if any, which	DUE TO, OR AS A CONSEC	Jan tru	Mal	tiblillat	W
the of the or		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	LIENCE OF			
by lose al, cr		underlying cause last	(c)	DELVCE OF			
gned buria buria	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERM	INAL DISEASE OR CONDINON	GIVEN IN PART 10
The or to	CERTIFICATION		Diusetes.	Chronic	Osbs.	hutive rul	YES, WERE FINDINGS USED
ermit le prior	FICA	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFO	RMED	IN CER	TIFYING CAUSES OF DEATH?
shov	ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121c HOW IN	LIURY OCCURE	YES NO NO RED (ENTER NATURE OF INJURY IN ITEM	YES NO
s cerniticale burial-tronsi Mentol Hygi ir Hem 18 sh		OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH	DAY YEAR	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Enter an one of myon, when	
Men's	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e PLACE OF INJURY	19 211 LOCATIO	NC		
and	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFIC	E FARM ETC) STREET		CITY OR TOWN	COUNTY STATE
se os solth mor			pital) attended the defeased from	9//	19 85		19 6 tho (I) (we) lost
for u		nbove (Il/we) (did) And o	and him the body ofter death.	and that in Imp	(our) opinion	death accurred on the date and h	nour and from the couses stated
DiRECT ached to Dept of If Hem 2		22h SIGNATURE	A A	DEGREE			224 DATE SIGNED
detacl detacl rote D		an ste	oxell	MD-	PHYSICIAN E	DIRECTOR PHYSICIAN	11886
FUNERAL old be der	1	274 PHISCIAN'S NAME THE	OK (MIN)	22e ADDRES	ss 9	5 AQUAHART ROAL	
should be deta with the State L		IRA H.COP	ELAND M.D.	0	GLEN BU	RNIE, MARYLAND 2	1061
. 5 3 3	23a.	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR		23d LOCATION	COUNTY
		Burial	Jan. 22,1986	ilen Haven Me	m. Park	Glen Burnie,	Anne Arundel, Md.
5 60M 7/84	24 F	UNERAL DIRECTOR	AODRES	Manueland	ZSa DAT	E REC'D. BY REGISTRAR 251- REG	MEHAR'S SIGNATURE
A 15, 4)		James S. Kirki	ey, Glen Burnie	, mary rand	37	11 0 U 1900	PAUL PASSES NO.

022041 1 - FOR STATE PEGIS

uneral director, page 3 in 72 hours ofter death

STATE OF MARYLAND 13 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

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	REGISTRAR			CERTII	ICAIL OI D	LAIII	REG. NO	EST		
	CEASED NAME	FIRST	WIDDLE	l	AST		20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
(1116		ROBERT	ALLEN	GASP	ER		JANUARY 10	6. 1986 0600 AP		
3. SE	X	4 RACE		S. DATE C		YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS		
1	MALE	WHI	TP:	12		32	53 YRS	MIN.		
	RTHPLACE (STATE OR FOR		WHAT COUNTRY?	8 MARRIE	D NEVER M		9 BALTIMORE CITY OR COUNTY	OF DEATH		
	OHIO U.S.A.		. A.			ORCED [ANNE ARUNDI	L COUNTY MD.		
10 C				SING HOME OR OTHER INSTITUTION (SET ADDRESS)			120 USUAL OCCUPATION	126 KIND OF BUSINESS OR E) INDUSTRY		
8	GLEN BURN		TH ARUNDE		PITAL		Lab Technician	Westinghouse		
USU,	AL RESIDENCE (IF NURSING	SHOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		1134 INSIDE CI	TY LIMITS?	13e STREET ADDRESS / ZIP CODE			
M	aryland	A.A.	Glen Bu		YES 🗌	NO 🔀	1467 Gordon Dri			
14. FA	ATHER'S NAME FIRST	MIDDLE	LAST			MAIDEN NAA	WE	LAST		
	Matthew	В.	Gasper			Edna	G.	Unknown		
	VAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAL	NT	ADDRESS			
	YES	Korea			Carole	Gaspe	r 1467 Gordon Dr	ive 21061		
	18 CAUSE OF DEATH	Enter only one couse pe	r line for (a), () on	dic /_	Ma	1	1-51	BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) ATTEMPTOR					card	ial Interation	3 weeks		
	DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if any, v	which ((b)_	, , , , , , , , , , , , , , , , , , ,							
	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF									
	underlying cause last.									
_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
CERTIFICATION			Coro	nu	us a	Here				
CA	190 DATE OF OPERATIO	ON 196 CONE	TION FOR WHICH	ON FOR WHICH OPERATION AS PERFORMED			200 AUTOPSY? 20b. IF YES	YING CAUSES OF DEATH?		
RIF		1	Maria				YES NO YE			
	210 ACCIDENT WAS UNDER	110110 4	DFINJURY M. MONTH DA	AY YEAR	21c. HOW IN.	JURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART ORPART 2)		
MEDICAL	(IF EITHER NOTIFY MEDICAL	JOE OF DEATH	Μ.	19						
EDI	216 INJURY OCCURRE	LAT HOME S	OF INJURY	ARM FIC)	211 LOCATIO	N	CITY OR TOWN	COUNTY STATE		
2	AT WORK NOT WHILE			Anni Eve y						
	220 I certify that (I) (t	his hospital) attended t		0 1 1	RC24	, 19 85	_, to Jun 10	19 6 that (II (we) lost		
	saw the deceased alive on									
	226. SIGNATURE	224 DATE SIGNED								
		1/17/86								
	22d PHYSICIAN'S NA	UE								
	TEREPE									
	BURIAL, CREMATION, RE	The second secon	23c. N	NAME OF C	EMETERY OR C	REMATORY	DE MARYLAND 2122			
	(SPECIFY) Crema	tion 1/18/	86 Se	curit	y Proce	ess Cre		Baltimore Md.		
24 FI	UNERAL DIRECTOR		ADDRESS		21229	25a DATI	E REC'D BY REGISTRAR 186 REGIST	RAR'S SIGNATURE		
H	ubbard Fune	ral Home. I		Wilke	ens Ave.	JAN	120 1986 Juliano	Market Market		
	the state of the s									

DHMH - 16 60M 7/84 (VRA 15, 4)

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should be detoched for use as the burtol-tronsit permit. Then pleos with the Stote Dept. of Health and Mental Hygiene prior to burtol, MADRIANT: If them 21 is marked or them 18 shows any injury, at a

this certificate has been

TO FUNERAL DIRECTOR After

No the second of the second of

- W. S. C. 1888 C. C. March Co. 1889

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MARYLAND 21201
ALTIMORE,
TON ST., B.
W. PRES
RDS, 20
AL RECO
DIVISION OF VITA

030095	1 -	FOR STATE REGISTRAR	STATE OF MARYLAND 8 6 0 0 ! 6 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. FST							
3 75	1 DEC	CEASED NAME FIRST ORPRINT) HELEN	NMI		GEI	SS	20 DATE OF DEATH JANUAL		1986 510	PN
tor pag offer da	3. SEX Female BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio		White The CITIZEN OF WHAT COUNTRY? U.S.A.		5. DATE		6. AGE (IN YEARS LAST BIRTHDAY) 80 YRS		L COUNTY	
192					? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY			
11/4		TY OR TOWN OF DEATH GLEN BURNIE	11. NAME OF			OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Teacher	ION OF WORKING LIFE}	126 KIND OF BUSINESS INDUSTRY Education	OR
24 box		AL RESIDENCE (IF NURSING HOME O TATE 136 COU Ohio	ROTHER INSTITUTION,	134 CITY OR TO		13d Inside City Limits? Yes 📉 no 🗌	13e STREET ADDRESS 3924 Rus	/ ZIP CODE h Blvd.	44512	1
1 1/49	14 FA	THER'S NAME Leroy	MIDDLE	Saffe	1	Cora FIRST	WIDDLE		Weaver	
3	C	VAS DECEASED EVER IN U.S. AI (ES. NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	302-40-		Agnes Fries	421 Bem°0 e Severna P		ve E. 21146	
physics dappers		CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per ED BY: TE CAUSE (a)	line for (a), (b), o	and ic	Li Oni Claten			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	iтн
quires that the deal signed by the other then please remove to to burrial, prematrian niury, an other traum	CAL CERTIFICATION	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (or, stating the underlying cause lost) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN PART 110								
he lucan on has bei i permit ene prid		190. DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS USED ING CAUSES OF DEATH?	
SiCIAN: The mg physicion certificate h vial-transit pental Hygier ltem 18 show		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.	PEINJURY M. MONTH I	DAY YEAR	21c HOW INJURY OCCU	RRED (EMIER NATURE OF INJ	URY IN ITEM 18 PART	(OR PART 2)	U.
NG PHYS offer this cost the but th and Me	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR T	OWN	COUNTY STATE	E
TTENDIN pital ar c TOR: Aft far use as of Health 21 is mar		22s I certify that (1) (this hosp	Jan	de deceased from		nd the in (ray) (aur) apiniar	6 to death acapted on the co	. 19	nd from the causes stated	
TAL On A the has the has detached to DIRECTLE DESCRIPTION TO THE DEPT.		Derry O-	Ska	lep	191	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		1-26-86	5
O HOSE Trained by MAPORTA		l	CARBEK, I			PASADE		22		
99899	230 E	Burial, Cremation, Removal Burial	236. DATE 30 Jan			Georgetown Ce	m. N. Georg	etown,C	olumbiana,0	hio
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	JAMES S. Kirkl	ey Glen			25a. DA	AN 28 1900	25b. REGISTRA	RS SUCHAL PORTS	3.0

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		ITAL by th	RAL dete	<u>-</u>
		O MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with the estimated by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and complete. The permit should be detached for use as the busid-transit permit. Then please remove corbanpopers. Page that is should be filled with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the med at extremes must be applied
		eton	Shock	W

STATE OF MARYLAND	8 6
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

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	CERTIFICATE OF DEATH		

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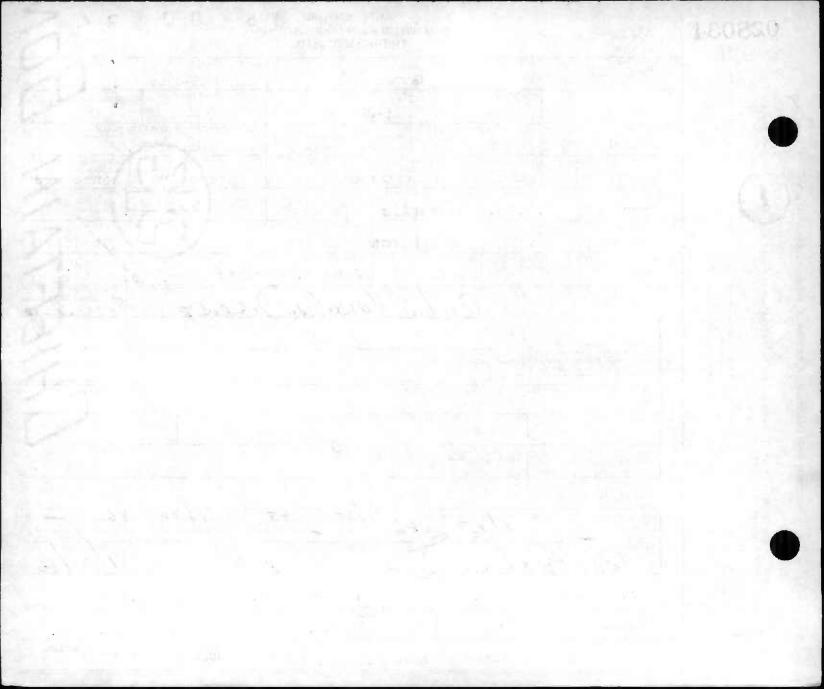
		REGISTRAR		CERTII	TOTAL OF PEATIF	REG. N	0.		
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DA	Y FAR	26 HOUR
	(IAbf	Hilda		German		1-20-	1986		2:38 A M
	3, SE	X	4. RACE	5. DATE		6 AGE (IN YEARS LAST BIR		FUNDER TYEAR	
1	1	Female	White	5-	22-1896 YEAR	89	YRS	DATS	HOURS MIN.
7		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY C	OF DEATH	
1	Ma	aryland	USA	WIDOW		Anne Arun	del Co		MD
1		COWNSVILLE	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C Fairfield N	GIVE STREET ADDRESS)		126 USUAL OCCUPATION OF WORK FOR MOST OF MOUSEW	F WORKING LIFE)	INDUSTRY	of BUSINESS OR sehold
2	13a S	AL RESIDENCE HE NURSING HOME OF STATE 136 COU	NTY 13c CITY	nce Before admission) OR TOWN napolis	13d. INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS 512 Ric	ZIP CODE	214	41
1	14 FA	Henry	J. S	piekerma	is mother's maiden N. Elizab	eth		Stâ	oddard
1		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES GI NO	WE WAR OR DATES	12-4482	Jean E. G		12 Ri	dge I	Rd. 401
4	ATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT		DNSEQUENCE OF	I NOT RELATED TO THE TER	MINAL DISEASE OR CON	4.23	N IN PART 1	
1	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY		121. HOW INTURY OCCU	YES NOW	YES		S OF DEATH?
9	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MON	NTH DAY YEAR 19	211 LOCATION	RRED (ENTER NATURE OF INJU		RT T OR PART 2)	
	ME	MHILE NOT WHILE AT WORK	(AT HOME STREET, FACTOR	RY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
		22a. I certify that (I) (this hosp saw the deceased alive or above. (I) (was stall) (did no 22b. SIGNATURE	1 / /	1986,0	nd that in (my) (pur) opinion DEGREE ATTENDING PHYSICIAN		FF		that (Live) lost couses stated
		Dr. Richard			22e. ADDRESS	ve. Annapol:		1.	7,40
	23n P	BURIAL, CREMATION, REMOVAL		1230 NAME OF 0	EMETERY OR CREMATORY		LO, FIG.		
	- 1	ISPECIFY)Burial	1/23/86		aven Cem.	Glen Buri		AACo.	Md .
	24 FL	UNERAL DIRECTOR			25e. Q.A	TE REC'D. BY REGISTRAR	256 REGISTR.	AR'S SIGNA	JURE LOP

DHMH - 16 60M 7/84 (VRA 15, 4)

Hardesty Funeral Home

Annapolis, Md.

JAN 24 1986



DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201

natified of once.

IMPORTANT, If Item 21 is marked at Item 18 shaws any injury, or ather traumatic event, the

After this certificate has been signed by e as the burial-transit permit. Then alreas

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital ar attending physician. should be detached for use as the burial-transit permit. Then place with the State Dept. of Health and Mental Hygiene priar to burial, an

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STATE OF MARYLAND 8 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE CERTIFICATE OF DEATH

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Ī	. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
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A.	rank	Henry	Getson	6 AGE (IN YEARS LAST BIRTI	
T	3 SEX	RACE	S. DATE OF BIRTH MONTH DAY YEAR	AGE (IN TEAKS LAST BIRTI	MONTHS DAYS HOURS MIN
	M	Cauc	Mon 19 53	32	YRS.
		CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY O	R COUNTY OF DEATH
3	COUNTRY)	2120	MARRIED NEVER MARRIED	Ι Δ	
4,	B CITY OR TOWN OF DEATH	NAME OF HOSPITAL NILIPSIA	WIDOWED DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPATION	ON 126 KIND OF BUSINESS OR
ľ	I CITY OR TOWN OF DEATH	JE NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST OF	F WORKING LIFE] INDUSTRY
ı	F+ Meade	Kimbrough	Army Com Hosp	Corpent	Building
	USUAL RESIDENCE (IF NURSING HOME OR OTH			13a STREET ADDRESS	21401
	MD Ann	A CITY OR TOW	N 134 INSIDE CITY LIMITS?	Q130 R	140
4	1. FATHER'S NAME	Trum ITMAPO	15. MOTHER'S MAIDEN NA	MF	117 more D
V.	FIRST MIDD		FIRST	MIDDLE	LAST
l.	Frank He	nry Getso	on AuirC	anota Monie	& Muir
T	(YES, NO OR UNKNOWN) (IF YES, GIVE WAI		JRITY NO. 17 INFORMANT	ADDRE	SS
1	(TES, OTE WALL	219-56-	9451 Wife	res a hou	12
h	Au cursos os osavilus		4.00	CAD (LDW)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	18. CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY	Y:	1		
1	IMMEDIATE C	AUSE (o)	ac HMest		Minutes
ı		DUE TO, OR AS A CONSEQUE	ENCE OF L	1.1 11	-0.
1	Canditians, if any, which	(h) Corono	ny Antery Visarse	Myocardia	Interd minutes
ı	gave rise to immediate cause (a), stating the				
1	underlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF		
4		(c)			
u		IDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONL	SITION GIVEN IN PART T(a)
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				
7	S 190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e. AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
				YES NO	YES NO
ř	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
	OR CONTRIBUTION CALLES OF DEATH		AY YEAR		
1	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	21f. LOCATION		
1	OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I		CITY OR TOW	OUNTY STATE
1	WHILE NOT WHILE AT WORK				
1	22a certify that (1) (this haspital)	attended the deceased fram.	1/5 19 86		
4	saw the decease alive an abave, (1) (we) (did) (did nat) vi	1/5 19	Ale_, and that in (my) (our) apinion	death occurred on the do	ate and haur and fram the causes stated
1	22b. SIGNATURE	ew the body after death.	DEGREE		226 DATE SIGNED
1	V Jali	M/2 0	ATTENDING .	MEDICAL _ STAF	The second secon
	1 // Hu	Took in	PHYSICIAN	DIRECTOR PHYSIC	IAN D Jan 86
1	224 PHYSICIAN SINAME (THE OF PER	my /	22e. ADDRESS		
-			Kimboni	ACH F+	Mecde HD 20755
+	230 BURIAL, CREMATION, REMOVAL 2	73b. DATE 23c. I	NAME OF CEMETERY OR CREMATORY	123d, LOCATION	
	(SPECIFY)			CITY OR TOWN	COUNTY STATE
1		1/6/86 Ba	1to.Wash.Creamt		P.G. Md.
	24 FUNERAL DIRECTOR	740 ADDRESS	,	0 4000	25b. REGISTRAR'S SIGNATURE
	FLECK F.H. IN		(m) 20707 JI	AN 9 1986	www. scon fanders

LAUREC, MD. 2070

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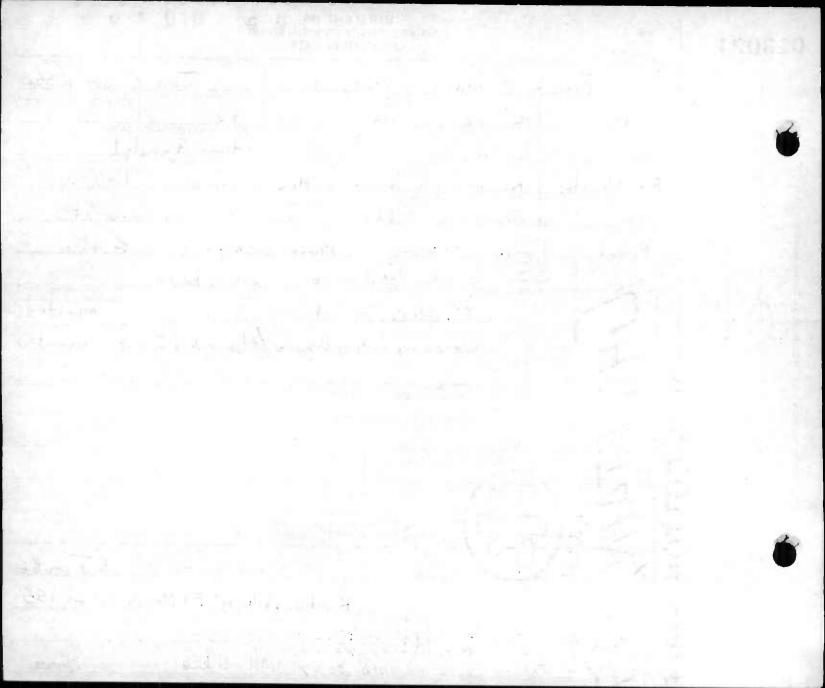
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TO FUNERAL DIRECTOR:

(VR A 15 (4)) 9/74

F.H. INC.



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ATTENDING PHYSICIAN The low offending physicion.

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TO HOSPITAL OK ATTEN TO HOSPITAL

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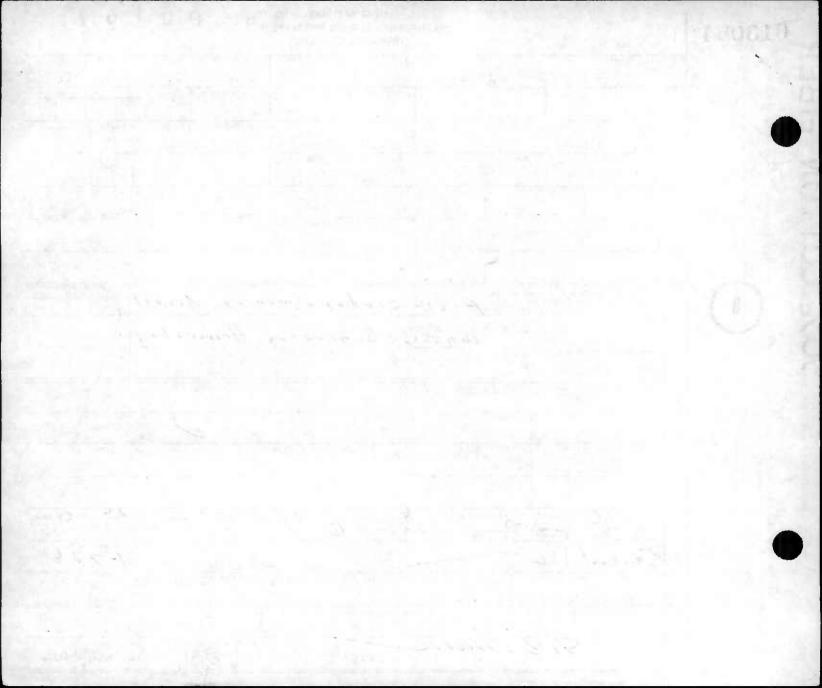
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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KEG	ISTRAR				CENTIF	ICATE OF DEATH	REG	NO.		ES
I DECE ASE		FIRST		MIDDLE	l	AS1	20 DATE OF DEATH		DAY YEAR	2b HOUR
(TYPE OR PRIM	¥T)	ROSETTA	A	Albaugh		GILL	JANUARY	7, 1	.986	11:06 A
3 SEX		4	RACE		5 DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
Fen	nale	100	Whit	e	Oct.		100	YRS		HOURS MIN
7a BIRTHPL	ACE (STATE OR	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY			
_	. Mary	land	USA		WIDOWE		ANNE ARI	UNDEL	COUNTY	MD
	TOWN OF DE		1. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUP.			OF BUSINESS OR
GI	LEN BUR	NIE	N	ORTH ARUN	NDEL H	HOSPITAL	Homema		Own	
USUAL RES	IDENCE (IF NUR	136 COUNT		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRES	S / 7IP COI	DE.	
Maryl	land		. Co.	Glen Bu		YES NO X	1114 Gove			A 21061
4 FATHER			IDDIE	LAST		15. MOTHER'S MAIDEN NA	ME			
Will		M	DOLE	Ashlev		Victoria	MIDDLE		Lint	hicum
	ECE ASED EVER			166 SOCIAL SECU	IRITY NO	17 INFORMANT	ADI	DRESS		as 13
NC	OR UNKNOWN)	None	WAR OR DATES)	218.36.2	2261	Lillian Baue	er (Daught	er)		
				lang for one the name	al a di	vdiopulm			APPRO	XIMATE INTERVAL
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DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the other should be detached for use as the bunol-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to burial, crematia



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO YE 86 26 HOUR 1 DECEASED NAMOHN FIRST HENRY GILLEN (TYPE OR PRINT) 1986 HENRY JOHN IF UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH 3 SEX 16 04 MALE CAUCASIAN BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY New York DIVORCED T 10 CITY OR TOWN OF DEATH Toy Company Electrician 21108 Millersville, Md 13b COUNTY 544 Jeffrey Road Maryland Millersville YES A.A. 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Gillen Paul Agnes Berger Eliveott City MaryTand 21043 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Bali Court 5550 Robert J. Gillen 8625 N. No 18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: Conditions, if any, which gave rise to immediate (0), stoting the underlying CERTIFICATION 20g AUTOPSY 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21g. ACCIDENT WAS UNDERLYING 00 HCHIR A.M. OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE AT HOME STREET FACTORY OFE WHILE NOT WHILE 22a.1 certify that (1) (this haspital pattended the deceased fram. aw the deceased alive an above, (1) (we) (did) (did not new the body other 36, and that in (my) (our) apinion death occurred an the date and have and from the causes stated DEGREE DIRECTOR PHYSICIAN ORTANT

23r NAME OF CEMETERY OR CREMATORY

Meadowridge

DHMH - 16 60M 7/84 (VRA 15, 4)

ld b

23a. BURIAL, CREMATION, REMOVAL

(SPECIFBurial

Raymond C. Fink Glen Burnie, Md 21061

1/14/86

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Maryland

Elkridge Howard

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FOR

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(TYPE OR PRINT)

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Maryland

Maryland

Joseph

No

LYES, NO OR UNKNOWN

14 FATHER'S NAME

3 SEX

REGISTRAR

Female

I CITY OR TOWN OF DEATH

GLEN BURNIE

DECEASED NAME

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aguire n signi Then f to bu	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE					
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TAL OR y the hor RAL DIRE detocher tote Dep		22b. SIGNATURE	Leon		MEDICAL STAFF		
HOSPIT Orned by D FUNER Hould be the St		ROBERT B. KROO		GLEN BURNI	QUAHART RD E, MD 21061		
BP	23e E	BURIAL, CREMATION, REMOVAL 2 (SPECIFY) Burial		emetery or crematory aven Park	Glen Bur		
DHMH - 16 50M 4/83 (VRA 15, 4)		aymond C. Fink	Glen Burnie, Md	1 1 1 1	2 1 1986		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH EIRST MIDDLE £AST. 2b. HOUR ALICE REB ECCA GITT INGS JANUARY 1986 19 6 AGE IN YEARS LAST BIRTHDAY IF UNDER I YEAR 4 RACE 5. DATE OF BIRTH MONTH YEAR Caucasian 6 24 07 84 To. BIRTHPLACE (STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY U.S A WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Housewife Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1130. COLINTY 13e STREET ADDRESS / ZIP CODE 21108 1082 Dicus Mill Road 13c CITY OR TOWN 13d INSID 13d. INSIDE CITY LIMITS? A.A NO X 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Reio Rebecca Thompson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO "Mintersville, Mary Tand 21108 FIF YES, GIVE WAR OR DATES! 215 Drury Sr 1082 Dicus Mil 74 0017 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
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COUNTY

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STATE OF MARYLAND	8 6
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL F CERTIFICATE OF DEATH	TYGIENE
CERTIFICATE OF DEATH	

16	71.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL F CERTIFICATE OF DEATH		EST
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26		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
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4		GLEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUND)	EL HOSPITAL	126 USUAL OCCUPATION (TXE OF WORKING LESS MAN) Sales Man	12b. KIND OF BUSINESS OR INDUSTRY Meat Industry
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STATE OF MARYLAND 8 6	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU S	INGLETON FUN	ERAL HOME	GLEN BUI	RNIE,	MD.21061 JA	N 2 1 1986	REGISTRAR'S SIGNA		

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

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JAN 2 1 1986

	REGISTRAR			CERTII	ICATE OF DEATH	REG. NO.			TOT
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3. 5	Female Female	4 RACE Wh:	ite	June		6 AGE (IN YEARS LAST BIRTH	YRS TUN	DER 1 YEAR	HOURS MIN.
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10	GLEN BURNTE		HOSPITAL, NURSIN HEACILITY, GIVE STREET ARUNDEL	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V	N I	NOUSTRY	inghouse
US	SUAL RESIDENCE (IF NURSING HO		GIVE RESIDENCE BEFORE	ADMISSION)					
130	Maryland 136 0	AA Co.	Glen Bur		13d. INSIDE CITY LIMITS?	7871 Crille			1061 432
14.	FATHER'S NAME	WIDDIE	LAST		15 MOTHER'S MAIDEN	NAME		LAS	ST.
_	Troy	L	Dickens		Vesta	ADDRES	Goi	.ns	
160	WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (1F Y	ES, GIVE WAR OR DATES)	166 SOCIAL SECU			on 400B St	ummer-W		4
-	18 CAUSE OF DEATH (En	N/A			Mr. James A	. Ryan Glen I	Burnie,	Mary	Wland MATE INTERVAL ONSET AND DEATH
CERTIFICATION		ch te te to	TION FOR WHICH	NOE OF A CAME BUT	T T OCO		20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES	GS USED
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	27a I certify that (I) (this saw the deceased all above, (I) (we) (did) (c	10 1		35.0	, 19	on death occurred on the date	ond hour onc		that (I) (we) lost causes stated
	274 PHYSICIAN'S NAME	Units	16		ATTENDING PHYSICIAN		'N 🗆	22c. DATE	SIGNED
	The Professional Typins	In Japanes V.			C ADDRESS	5 AQUAHART RD			
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73	BURIAL, CREMATION, REMO (SPECIFY) Burial	Janua	1300	lame of c		k. Glen Burr	CO	A Co.	STATE Md.

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etoined by the haspital or attending physician.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-tronsit permit. Then please remove corban papers. Page with the State Dept of Heolth and Mental Hygiene prior to burial, cremation, or removal.

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with the State Dept array. With the State of Hem. 18 shows any IMPORTANT: If them 21 is marked at them. 18 shows any

24 FUNERAL DIRECTOR

Singleton Funeral Home Glen Burnie, Maryland

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be

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STATE OF MARYLAND	B A
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

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18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR ECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINTS Hallman Grace Mae Jan. 18,1986 5. DATE OF BIRTH 3 SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR EUNDER 71 HRS February 24, 1916 Female Caucasian TO BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH

13d INSIDE CITY LIMITS?

Bessie Edna Roson

MARRIED NEVER MARRIED Virginia 10 CITY OR TOWN OF DEATH

1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Annapolis

13c. CITY OR TOWN

Anne Arundel General Hospital

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Supervisor Retail Sales 13e STREET ADDRESS / ZIP CODE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

19196

Anne Arundel County,

Maryland Anne Arundel Harwood 4776-C Carmody Court (20776) 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME

Charles Edward Hawkins

13b COUNTY

- STATE

No

CERTIFICATION

024093

16b. SOCIAL SECURITY NO 577-01-2594

ADDRESS Upper Marlboro, MD Lawanna Duley - 9956 Rosaryville Rd.

18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and c PART I. DEATH WAS CAUSED BY CEREBROVASCULAR ACCIDENT DUE TO, OR AS A CONSEQUENCE OF AKTERIOSCLERUTIC HEART DISEASC Conditions, if ony, which

gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 a URINARY TRACT INFECTION

9n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIEY MEDICAL EXAMINER)

21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNT AT HOME STREET, FACTORY, OFFICE FARM, ETC) AT WORK NOT WHITE

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive or and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) Ad not) view the body ofter death 22b. SIGNATURE 22c DATE SIGNED

ATTENDING

22d PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS 8926 Woodvard Road

PHYSICIAN DIRECTOR PHYSICIAN

Gu	rbux H.	Nac	chnani,	M.D.	Clinton,			20735	
BURIAL, CRE	MATION, REMO	JAVC	236 DATE		31 NAME OF CEMETERY OR CREMATO	ORY	23d LOCATIO	ON	

Burial January 22, 1986 Washington National
4 FUNERAL DIRECTOR Lee Funeral Home, Inc. 250 DATE Suitland, Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Old Alexander Ferry Road, Clinton, Maryland 20735

DHMH - 16 60M 7/B4

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	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed within 72 having with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examine must be positived at once.
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STATE OF MARYLAND 8 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

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DHMH - 16 50M 7/77 (VR A 15 (4))		NAME (1) X/2 Y	Appleur ADDRESS		1006 LE /6	widson-Randa 12.
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STATE OF MARYLAND 8 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.

FOR - STATE

STATE OF MARYLAND 8 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND CERTIFICATE OF DEATH

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A III	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	MIDDLE	MC Both
160	WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SEC	CURITY NO. 17. INPORMANT	ADDR	SS //
L		E WARDEN DATES)	111/17 1 1-1-1	a Harris	# 13
1		nly one cause per line for (a), (b), o	and to the		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	PART I. DEATH WAS CAUSE	TE CAUSE 10) CUH	The second second		
	, and the second	DUE TO, OR AS A CONSEQ	TENCE OF		
	Conditions, if any, which	ovoil			
	gave rise to immediate cause (a), stating the	10)	designed		
0	underlying cause last	DUE TO, OR AS A CONSEQ			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TI	EPMINAL DISEASE OR CON	DITION GIVEN IN PART 110
Z		2010 MIONO CONTINUO INC	<u> </u>	ERROR DIOENOE ON CO.	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	TH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
H				YES NO NO	IN CERTIFYING CAUSES OF DEATH?
	710 ACCIDENT WAS UNDERLYING	7 716 TIME OF INJURY	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJU	
	OR CONTRIBUTING CALLS OF DE	LITHOUR ALL MONITH	DAY YEAR	(200	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19 ZII LOCATION	_	
ME	WHILE IN NOT WHILE IT	(AT HOME STREET FACTORY, OFFICE		CITY OR TO	WN COUNTY STATE
	MHILE NOT WHILE AT WORK		15 2 2	1/20/5	/
		ital) attended the deceased fram		, ta	19, that (1) (we)
	saw the deceased alive or above, (1) (wet (did) / did no	at view the bady after death.		ian death occurred on the d	ate and hour and from the causes stated
	226. SIGNATURE	0 0 0	DEGREE	o MEDICAL CTA	224. DATE SIGNED
	State Worker	n la . S. DE	LONICIC ATTENDING	MEDICAL STA	1/23/8b
1	224 PHYSICIAN'S NAME (TYPE		22e ADDRESS	- 1 A	
1	Stanley	Watkins	Hnna	200/15. M	d.
734	BURIAL, CREMATION, REMOVAL	23b. DATE 236	NAME OF CEMETERY OF CREMATO		1 00
1	Tom 2 Line	1-23-86 (2/11/1/	CITY OF TOWN	1 popo popo
24	FUNERAL DIRECTOR	11 20 00 1	ECA1 FT[1]	DATE RECO BY REGISTRAR	25b REGISTRAR'S SIGNATURE
24	NAME	1/1/ - 1 Aboress	/-///	TAN 24 POO	The REGISTRAR S STONATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

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injury, or other troumotic event, the medical

IMPORTANT: If Item 21 is morked or Item 18 shows ony

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the buriol-transit permit. Then please remove corbanpapers. Pages, with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

STATE OF MARYLAND

1 -	STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	REG. NO).	
	CEASED NAME SOPHI	e V	HATCH	20. DATE OF DEATH	1 - 20-86	26. HOUR 50 A M
3 SE	3	RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
7a. BI	RTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	11ar. 7,1093	9. BALTIMORE CITY OF	YRS. COUNTY OF DEATH	
n	Jaruland	USA	WIDOWED NEVER MARRIED WIDOWED DIVORCED	Anne	Arunda	AD.
10. CI	TY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N 12b. KIND OF	BUSINESS OR
E	deewater P	leasant Liviv	ic Convelscent Contr	Sewer		facture
13a. S	AL REDENCE (IF NURSING HOME OR OTH TATE 13b COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE 131. CITY OR TOWN	N 136. INSIDE CITY LIMITS?	130. STREET ADDRESS	ns. ton Roa	d
14 FA	THER'S NAME FIRST MIDE	DIE LAST	15 MOTHER'S MAIDEN NA	AME	1 LAST	1
_	Henry	Von Schra	der Sophia	L	Ditze	
16a V	VAS DECEASED EVER IN U.S. ARMEI YES NO OR UNKNOWN) (IF YES, GIVE W.	AR OR DATES)	8668A Mangare	et C. Trail	Battimore M	1 21207
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED 8	and axou		ident	APPROXIM BETWEEN O	MATE INTERVAL NSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying couse last. PART 2 OTHER SIGNIFICANT CON-	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) NDITIONS CONTRIBUTING TO D		minal disease or cond	DITION GIVEN IN PART 110	
CERTIFICATION	19a DATE OF OPERATION	Ties CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	1206 IF YES, WERE FINDING	GSTISED
FICA	IN DATE OF OPERATION	170. CONDITION FOR WHICH	OFERATION WAS FERFORMED	YES TO NOT	IN CERTIFYING CAUSES (
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA		RRED (ENTER NATURE OF INJUR		NO LI
MEDICAL	216 INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) 21f LOCATION STREET	CITY OR TOW	AN COUNTA	STATE
	AT WORK AT WORK		10/5 8:	3 1/2	2 8/2	
	220.1 certify that (1) Ithis hospital) sow the decease a give on above, (1) (well did) at a not) vi	1170	ond that in (my) (our) opinion	death occurred on the da		auses stoted
	22b. SIGNATURE TUNE	un walsh	MD ATTENDING PHYSICIAN	MEDICAL STAF	F IAN	IGNED
	THOMAS WAY	BH M.D.	780 Ritchie	Highway 5	Severna Park	Maly
23a 1	BURIAL, CREMATION, REMOVAL	23b. DATE 23c h	NAME OF CEMETERY OR CREMATORY	236 LOCATION		110

DHMH - 16 50M 4/B2 (VRA 15, 4)

Jan 22, 1986 Woodlawn Cemetery Butto, Butto MDATE OF DATE OF CO. BY REGISTRAR 256 REGISTRAR'S SIGNATURE JAN 24 1986 Junio Burdson Andrew Burial FUNERAL DIRECTOR laylor Funeral Chapel-Annapolis, Mi)

12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 311035 REFERENCE WINDS Labour Correl & Long Long Williams end with the second the second power of a complete and a second of the s The transfer of the state of th THE THE WAY WAY TO SEE THE THE The second secon with winds a few proton the collections with the Lange to select I was excess the daysand leged become to

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should be detached for use as the burial-transit permit. Then ples with the State Dept. of Health and Mental Hygiene prior to burial IMPORIANT: If them 21 is marked or them 18 shows any injury, or TO FUNERAL DIRECTOR After this certificate has been

TO HOSPITAL OR ATTEN

DHMH - 16 50M 4/83

(VRA 15, 4)

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1		STAT	E OF MARYLAND	0 (1 9
1	FOR - STATE	DEPARTMENT OF E	IEALTH AND MENTAL HYGI	NE		
15	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO		
A DE	CEASED NAME FIRST	MIDDLE 8	LAST .		MONTH DAY YE.	AR Zb HOUR
	FORPRINT) NIIMSI		10110110111	1		
	LHAKL	ES FEEDEEKK A	TEINDUCHS	DVT.	1 66 80	
3. SE	X 4	RACE 5. DATE O		S. AGE (IN YEARS LAST BIR		
Ir	N-1-	1. 11- it a MONTH	1 10011	91		MIN.
7- 0	IRTHPLACE ISTATE OR FOREIGN 7h	CITIZEN OF WHAT COUNTRY?	2. 6,1894	BALTIMORE CITY O	P COUNTY OF DEAT	u
/d. b	IRTHPLACE ISTATE OR FOREIGN 76	MARRIE	D NEVER MARRIED	A BALIJMORE CITT O	K COOKI I OF DEAT	
IM	laruland	USA WIDOW	ED DIVORCED	Hone	Arunde	1 CO., MI
10 C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 126 KII	ND OF BUSINESS OF
10	1	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	11 41	TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUS	PY C
1-	nnapolis it	inne Hrundel Ger	ieral Hospitall	KELINE	LIV	11 Dervice
	AL RESIDENCE HE NURSING HOME OR OT STATE 136 COUNTY	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	1134. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE . 2	1403
10	no la f	A. Annapolis	YES NO	1212 Bor	bud Lar	-
ЙF	ATHER'S NAME	ii minapario	15. MOTHER'S MAIDEN NAM	E	*	10
1		DDIE	FIRST	MIDDLE	0 1	LAST
	rederick	Heinbuch	Helena		Dege	illen
160		ED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS SCAR	as
	PS (18 YES GIVE W	1 10 1/2 /197	Nagrai A H	leinhual	41	3
	res rua	2 219 14 11 1	INCOME THE	Terrouci	1- 711	PROVIMATE INTERVAL
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED I	ane cause per line far (a), (b), and (c)			BETV	PROXIMATE INTERVAL WEEN ONSET AND DEATH
	IMMEDIATE		ARREST		I	MMED.
	0 84 4	DUE TO, OR AS A CONSEQUENCE OF	MT 5/111 0/- 4	lanes (de	Lex 1	40
	Canditians, if any, which gove rise to immediate	(16) CONSISTIVE HET	TEI FATILITIES	COLOR CAR	~ /	7/6
	cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF				
	underlying cause last	(- (c)				
	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN PAI	RT IIa
Z						
CERTIFICATION	IN DAYS OF COSERATION	196 CONDITION FOR WHICH OPERATIO	NI WAS DEDECTIVED	20s AUTOPSY?	20b. IF YES, WERE FI	NDINGSTISED
2	190 DATE OF OPERATION	198 CONDITION FOR WHICH OPERATIO	IN WAS PERFORMED	208 AUTOFST	IN CERTIFYING CAL	USES OF DEATH?
1 8	No. of the last of the last			YES NO 1	YES	NO 🗌
1 %	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PARL I OR PAR	(1.2)
	OR CONTRIBUTING CAUSE OF DEATH					
N N	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19				
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY [AT HOME STREET, FACTORY OFFICE, EARM, ETC.]	71f LOCATION STREET	CITY OR TO	wn count	TY STATE
>	AT WORK NOT WHILE					
		1) attended the deceased from JAN	19 86	to Jan 7	19.86	, that (1) (we) las
	saw the deceased alive an_	1-6 10 86	nd that in (my) (aur) opinian de		ate and hour and Iran	
	obave, (I) (we) (did) (did nat)	view the body after death.		com occorred on the or		
	276 SIGNATURE		DEGREE			DATE SIGNED
	-xr/101	Milliam ms	ATTENDING PHYSICIAN	MEDICAL STAI	IAND /-	8-86
	224 PHYSICIAN'S NAME LIVE OR	RINI)	22e ADDRESS	DIMECTON CO. THIRD		
	TIDE	- 12		LXX	1 1-	· hal
	John U. N	ackson, M.D.	11419 Pores	1 Drive	Innapoli	S.MU
73a	BURIAL, CREMATION, REMOVAL	236. DATE 23c. NAME OF	CEMETERY OR CREMATORY	234 LOCATION		
15	TOCHY)	16-91981 U.I	Langet	O CITY OR TOWN	Ire AOUNT	MINITE
24 5	HINEPAL DIRECTOR	Man, 11001 MI	250 DATE	PECID BY PEGISTRAP	25b REGISTRAR'S SIC	NATURE
[4]	UNERAL DIRECTOR	A 4000	De DATE	NEC U. BI REGISTRAR	- 1	MATORE
1	MAME	ADDRE D				
10	autor Tuneral	Chapel-Hongo	olis MU JA	N 1 0 1986	ina Bandon	n-gandelle

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		EST	
	CEASED NAME FIRST		WIDDLE		AST	20. DATE OF DEATH		AY YEAR	26 HOUR	
1	HELEN	MA	RIE	IE HENTZ		JANUAF	RY 14	1986	1120 A	
3. SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS	
	Female	Whit	e	Jan		82	YRS	ONTHS DAYS	HOURS MIN	
7a B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8				9 BALTIMORE CITY O	OF DEATH			
	COUNTRY) Maryland	U.S.	Α.	WIDOW	D NEVER MARRIED L	ANNE	DEL COUNTY ME			
10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATI			F BUSINESS OR	
1	GLEN BURNIE	NOR	TH ARUNDE	EL HOS	SPITAL	Homemaker		Own 1	Home	
13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Ad. A		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Linthicu	'N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			1000	
	ATHER'S NAME		Dinented	ilit	15 MOTHER'S MAIDEN NA	216 Coron	et bri	ve 2.	1090	
	FIRST	Schmidt			FIRST	2.4	Marcusale			
16n \	WAS DECEASED EVER IN U.S. AR		16b SOCIAL SECU	IRITY NO	Catarnia	ADDRE	SS	larouse		
	YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES] 10 SOCIAL SECURITY NO. 17 INFORMANT (Daughter) SE 216.62.8182 Mrs. Lorraine L. Neumeister						me as	#13	
	No N/A							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
NO	couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	((c)_	ONTRIBUTING TO E		NOT RELATED TO THE TERM	TINAL DISEASE OR CON	DITION GIVE	N IN PART 1:0	7.0	
ATA	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDINGS USED		
1 🖺						YES TO NOT	IN CERTIFY YES	YING CAUSES OF DEATH?		
CAL CERTIFICATION	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	18	DE INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR		RY IN ITEM 18 PAR	RT 1 OR PART 2)		
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE	
	22a certify that (I) (this hospi	tal) attended th	e deceased from_			, to		9	that (I) (we) last	
	saw the deceased alive an abave, (IMV) (did) (did no		ofter death	. a	nd that in (my) (aur) opinian	deoth accurred on the de	ate and hour	and from the c	causes stated '	
	22b. SIGNATUR	I view me oddy	difer dedin	E	DEGREE ATTENDING PHYSICIAN E	MEDICAL STAI		27s. DW/TE S	STONED	
	22d. PHYSICIAN'S NAME (TYPE O	ANDELWA	I, M.D.		22e ADDRESS 7422 GLEN	BALTIMORE-A BURNIE MAR	ANNAPOI RYLAND	LIS ELV 21061	D.	
	BURIAL, CREMATION, REMOVAL	236. DATE	23 c. h	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	100	COUNTY	STATE	

Jan. 18, 1986 Most Holy Redeemer Cem. Baltimore City Md.

250. Date Rec'd. By Registrar 256 Registrar 5 Signature

1 Home Glen Burnie, Md. 21061 JAN 16 1980

(VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

Singleton Funeral Home Glen Burnie, Md. 21061

DHMH - 16 60M 7/B4

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

	REGISTRAR					AST		A 5175.05	00.4214		DAY YEAR		-
	CEASED NAME OR PRIN1)	FIRST		MIDDIE					DEATH MO			26 HOU	
		Charles		Lee		gdon, Sr	•		nuary		1986	3:00	
3. SEX			4 RACE		5. DATE O		YEAR	6. AGE (IN YE	ARS LAST BIRTHD		AONTHS DAYS		2-4 A
	Male		Whi		Dec.	18, 192	8.	57		YRS			
C	IRTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	MARRIE	NEVER MAR		9 BALTIMO	_		OF DEATH		
_	aryland	25.50	U.S.	A.	WIDOWE		CED 🔀	Anne	Arund		1101 11010	OF BUSINE	
	Severn		1606 S	HEACILITY, GIVE STREET Severn Ro	address)	OTHER INSTITU	IION	(TYPE OF WORK	FOR MOST OF W	VORKING LIFE	E) INDUSTRY		
13a. S	ALRESIDENCE (#1 STATE aryland	13b. COUN		13c. CITY OR TOW Severn	/N	13d INSIDE CITY L	.IMITS?	13e.STREET A	Sever			1144	
_	Ralph		AIDOLE	Higdon		15. MOTHER'S MA	AIDEN NAA		WIDDLE		Hoffma		
	WAS DECEASED ET		AED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	Son		ADDRESS	7659	Fair	oanks	(
6.4	Yes	WW		216.22.9	376	Charles	L. Hi	igdon,	Jr.	Hano	over, 1	1d 210	07
	Conditions, if a gove rise to couse (a), stunderlying co	ony, which immediate toting the	(b)_	R AS A CONSEQUE	ENCE OF) // -							
CATION	Conditions, if a gove rise to couse (a), st underlying co	ony, which immediate ofting the ouse last.	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO	r as a conseque	ENCE OF ENCE OF			INAL DISEASE	PSY2	20b. IF YES	, WERE FIND	INGS USE	
TIFICATION	Conditions, if a gove rise to couse (o), st underlying co	ony, which immediate ofting the ouse last.	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO	R AS A CONSEQUE	ENCE OF ENCE OF				PSY2	20b. IF YES		INGS USE	H?
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MEDICAL CERTIFICATION	Conditions, if a gove rise to couse (a), st underlying counterlying co	ony, which immediate to the course lost. GIGNIFICANT COURSE CATION CAUSE OF DEAL MEDICAL EXAMINER)	DUE TO, O (b) DUE TO, O (c) ONDITIONS CC 19b. COND 21b. TIME O P. 21e. PLACE	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO S IT ION FOR WHICH OF INJURY M. MONTH DA M.	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19	N WAS PERFORME	D	20a AUTO	PSY?	20b. IF YES IN CERTIF' YES	, WERE FIND YING CAUSE S	INGS USEI S OF DEAT NO]
	Conditions, if a gove rise to couse (a), st underlying counterlying co	Only, which immediate to the immediate t	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 196 COND 196 COND 216 TIME O HOUR A. P. 21e. PLACE (AT HOME, 516	R AS A CONSEQUE R AS A CONSEQUE THOM FOR WHICH THOM FOR WHI	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	21c. HOW INJUR 21f. LOCATION STREET and that in (my) (our	Y OCCURR	20a AUTO YES THE PROPERTY OF T	INFOY? NO DILUTE OF INJURY I	ZOB. IF YES IN CERTIF YES IN HEM 18 P.	COUNTY	INGS USEE S OF DEAT NO	TAI
	Conditions, if gove rise to couse (a), st underlying counterlying coun	ERATION CONDERTYING CAUSE OF DEAL MEDICAL EXAMINER) TOWNER TOWNER	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 196 COND 196 COND 1196 COND	R AS A CONSEQUE R AS A CONSEQUE THOM FOR WHICH THOM FOR WHI	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	21t. HOW INJUR 21t. LOCATION STREET ad that in (my) (our DEGREE ATTE PHY:	Y OCCURR 9 20 opinion o	20a AUTO YES THE PROPERTY OF T	CITY OR TOWN	20b. IF YES IN CERTIF' YES IN HEM 18 P.	COUNTY 22c. DAT	NGS USEI S OF DEAT NO	H?
	Conditions, if gove rise to couse (o), st underlying counterlying comparts of the counterlying comparts of the counterlying comparts of the counterlying counterlying contributing (if either, NOTEY, 21d, INJURY OCCUMING INJ	ERATION CONDERTYING CAUSE OF DEAL MEDICAL EXAMINER) TOWNER TOWNER	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 196 COND 196 COND 1196 COND	R AS A CONSEQUE R AS A CONSEQUE THOM FOR WHICH THOM FOR WHI	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	216. HOW INJUR 216 LOCATION STREET and that in (my) (our DEGREE	Y OCCURR 9 29 1) opinion o	200 AUTO YES TO THE TOTAL TOTA	CITY OR TOWN STAFF PHYSICIA	ZOB. IF YES IN CERTIFY YES	COUNTY 19 22c. DAT Jan	ings usets sof death NO [H?

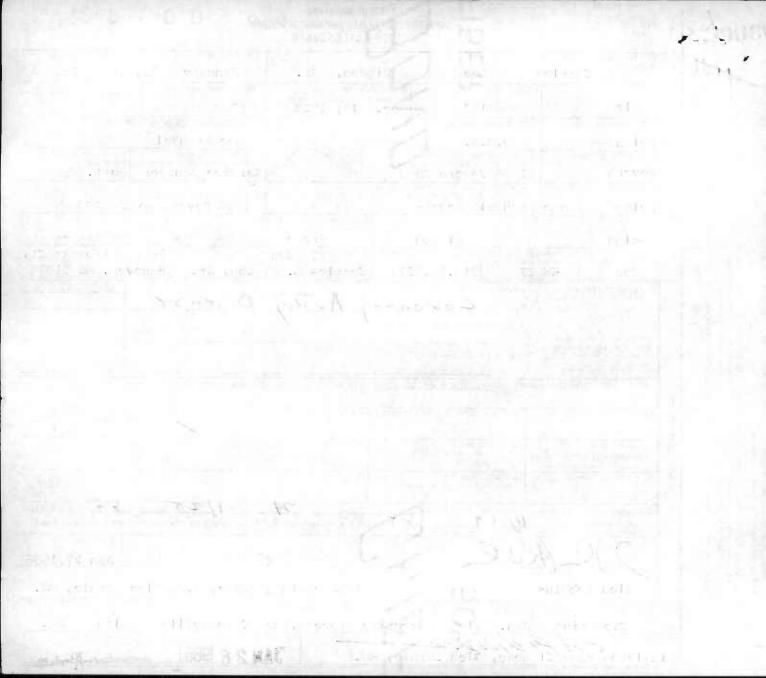
DHMH - 16 50M 4/83 (VRA 15, 4)

Singleton Funeral Home, Glen Burnie, Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. p should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed etained by the haspital or attending physician.

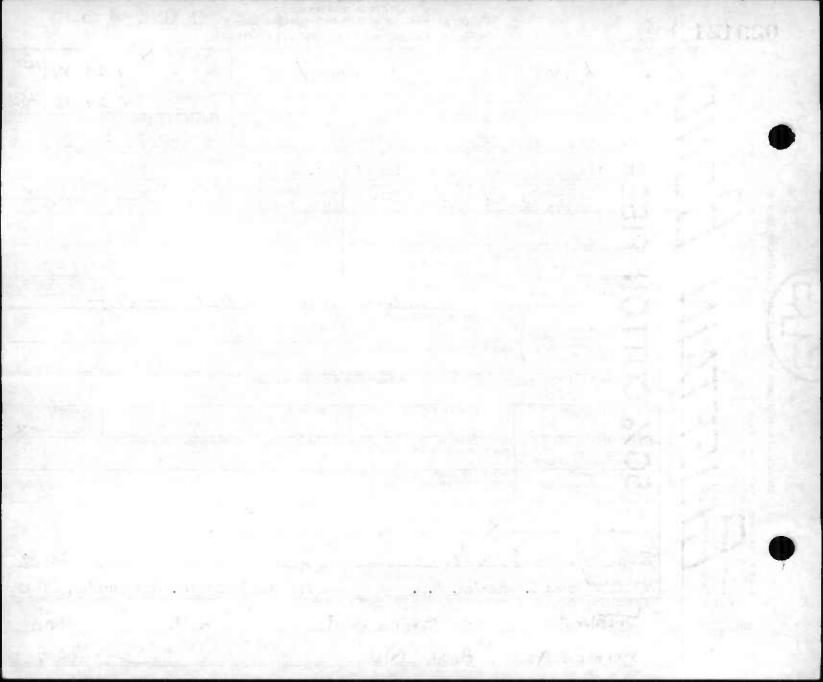
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2720



			FOR STATE				MENT OF HE	EALTH				0	1	8	il.	
			REGISTRAR		MEI		EXAMINE			re of de		REG. N	10.			
00	8039		CEASED NAME OR PRINT)	E FIRST		MIDDLE			AST		20. DATE K	ESTI-	MONTH	H DAY	YEAR	26 HOUR
UN	3 X X X F F	-		ROY				HI	NES		DEATH /		x 1	16	1986	N
+	PER FILE	3. SE)	male	4 RACE white	5. DATE OF BIRTH	Q 1 Q	6. AGE (IN YEARS LAST BIRTHDAY) 66 YRS.	IF UNI	DER I YR. IF U	NDER 24 HRS	PRONOUNG DEAD	CED	MONTH		YEAR	11:10 A M
1	X 20 2 E		RTHPLACE (5		76. CITIZEN OF WH						9 BALTIMO	ORE CITY	OR COU	16 NTY OF	1986 DEATH	I A M
	S FOR	F	onnsol	n City 1	enn. U.	S.A.	\	VIDOWI		VORCED	Anne	Arun	ndel (Coun	nty	MD
	PAGE S 2010		othian		11. NAME OF HOS (IF NOT IN SUCH FAIL 183 Ways	CILITY, GIVE	STREET ADDRESS)			120 U:	SUAL OCCUPA OR MOST OF WORK achin	ATION (I)	IPE OF WORK	U	IND OF BU OR INDUST S. GO	
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9	- MAN		THER'S NAME				30 011 1 411		15. MOTHER'S		AE		aybo	7115		
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6	HANDSON I	(1)	S, NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)	722	1 / 77	02	Danat	hrr C	Uino	~ ~ ~			12-	
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DIVISION OF VITAL RECORDS, 201	PEDDING MEDICA MEDICA AS A BL EALTH AI CREMA	z	PARI 2 UINER S	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a.)												
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	MIN NEW PERSON		death result	ed from: Notur	ol couses .	Accident	X, Suicie	de 🔲 ,	Homicide	Und	etermined mon	nner 🗌				
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	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PACE & SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH WITH THE STATE DE BAITINORE, MARYLAND, 21201 P	23a.B	JRIAL, CREMA	TION, REMOVAL 2	36. DATE	23c.	NAME OF CEME	TERY OF	CREMATORY	23d. I	LOCATION		cc	YTAUC	Q.	TATE
07/84	BP		Buria		1/20/86	M	d Vete	ran	s Cem		Chelt	em ha	1997 F	P. Ch	J.Com.	
25M	DHMH - 17		JNERAL DIREC		ADDRESS	12	Ridgely	Av		AN24	BY 1986 RAR	251025		BIGNI	TURE	
	(VR A15 ME (5))	Ha	rdest	y Funer	al Home		napolis.				0	-	page and the con-			

00900	1 -	FOR STATE REGISTRAR			DEPARTA	NENT OF H	OF MARYLAND SEALTH AND MENTAL HYGICATE OF DEATH	IENE O	0 1	8 5	
1		CEASED NAME	FIRST	A	AIDDLE	L	AST		AONTH DAT	YEAR	26 HOUR
200	(ITPE	OR PRINT)	F.	Wa	lter	Ho1	mes	January 1	, 1986	100	7:30a m
£ (&)	3. SEX	(4.	RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTI	IDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		Male		Whi		์ ปั๊นไ	y 24°, 190°3°	82	YRS.		
a 22 87 /	_(RTHPLACE (STATE OR F			WHAT COUNTRY?	MARRIED	■ NEVER MARRIED	9 BALTIMORE CITY OF		F DEATH	
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by the filled with		ty or town of DEA n Burnie			HOSPITAL, NURSIN HEAGILITY, GIVE STREET 15 hade Dr		R OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF CUTTE	WORKING LIFE)	INDUSTRY	r BUSINESS OR
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vithin d 2 sh	14. FA	THER'S NAME FIRST	MID	DLE	LAST		15. MOTHER'S MAIDEN NA/ FIRST	WE		LAST	
B # 6 8	3	Frank	W		Holmes		Lula	May		Stau	ffer
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by the		gave rise to imm cause (a), statin underlying cause	g the)	R AS A CONSEQUE						
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The round	ō										
n. nos be nos be permit ne prid ws any	CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	VERE FINDIN NG CAUSES	IGS USED OF DEATH? NO
PHYSICIAN: The ending physicion this certificate the buriol-transit and Mental Hygie d or Item 18 sho		210. ACCIDENT WAS UNC OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	ED (ENTER NATURE OF INJURY	IN ITEM IS PART	I OR PART 2)	
the the ond ord	MEDICAL	21d. INJURY OCCURE	RED	21e. PLACE			211. LOCATION STREET	CITY OR TOW	'N	COUNTY	STATE
		220.1 certify that (1) saw the decease above, (1) (we) (6	(this hospital			85 , on	d that in (my) (out) apinion of	e, to	19 te and hour a		that (I) (we) last
0 4 8 9 G 9		27b. SIGNATURE	(did not) v	new the body	offer death.		DEGREE			22c. DATE	SIGNED
	١.	Ly	L C.	Per	y lu	>	ATTENDING PHYSICIAN	MEDICAL STAF		1/1/	86
O HOSPITAL O HOSPITAL TO FUNERAL should be deter with the Store		224 PHYSICIAN'S N	Ť	RINT)	1		22e. ADDRESS				
MPO TO H		Leon P		M.D	Ť			1 Drive Gle	Burn	ie,Md.	
	23e 6	Burial, CREMATION,		236. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
BP		JNERAL DIRECTOR		3 Jan.8	50 1	HILCY	est Memorial	Annapoli:	- 1	R'S SIGNATI	Md.
DHMH - 16 50M 4/83 (VRA 15, 4)			Kirkle	y, Gler	n Burniiė,	Mary		JAN 6 19			one organization





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STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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5	1 -	STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. NO	D.	ES	T
		CEASED NAME FIRST JOHN	BRUCE	HOU	ISTON	JANUAR		.986 26 HOUR 430	AM
the Humanite entity the medical examiner raiset be notified at once.	3. SE	Male	4 RACE White	S. DATE		6 AGE IN YEARS LAST BIRT	MONTHS		AIN.
1 Omce.		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? United States	8	ED NEVERMARRIED X	9 BALTIMORE CITY O	R COUNTY OF DE ARUNDEL		MD
		TY OR TOWN OF DEATH GLEN BURNIE	11. NAME OF HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WELL-Drill	KIND OF BUSINESS USTRY Onstructi		
6	130 5	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	or other institution give residence before inty Arundel Glen Bu	VN .	136 INSIDE CITY LIMITS?	13. STREET ADDRESS / 923 Nabs (/ 21061	
	14. FA	THER'S NAME FIRST George -	Houston Houston		15. MOTHER'S MAIDEN NA	MIDDLE	Davis	IAST	
1	16a V	VAS DECEASED EVER IN U.S. A VES NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES) 241-07-0		Mr. Archie H	all / Pasade	111 Mount ena, Md.	ain Rd. 21122	3
ny injuly, ar other tr	CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT A TRANSPORT OF OPERATION	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	LINO SC	Cerosis, ma	1. ()		PART I I O	
o swor	TIFIC			Jorenna	on the carrier	YES NO		AUSES OF DEATH?	Y.
r Item 18 s	MEDICAL CEI	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTHY MEDICAL EXAMIN 21d INJURY OCCURRED	HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	V IN ITEM 18 PART 1 OR	PART 2)	
orkedo	ME	WHILE AT WORK AT WORK	LAT HOME STREET FACTORY OFFICE	FARM ETC)	STREET	CITY OR TO	wn cor	unty stati	
tem 21 is m			n19 ot) very the body after death.		ond that in (my) (our) opinion DEGREE	, to death occurred on the do			
=/		(h)	1. 1.1.	. 11	ATTENDING	DIRECTOR PHYSIC	Tan Ci	1/17/86	
REANT		174 PHYSICIAN'S NAME AND			22e ADDRESS	7845 OAKWOOL	ROAD, S		
IMPORTANT: IF	23a F		RESBITERO, M.D.	NAME OF	22e ADDRESS	URNIE, MARYI	ROAD, S		

DHMH - 16 60M 7/84

ATTENDING

TO HOSPITAL OR ATTEN

BP.

(VRA 15, 4)

McCully Funeral Home/ Pasadena, Md. 21122

JAN 20 1986

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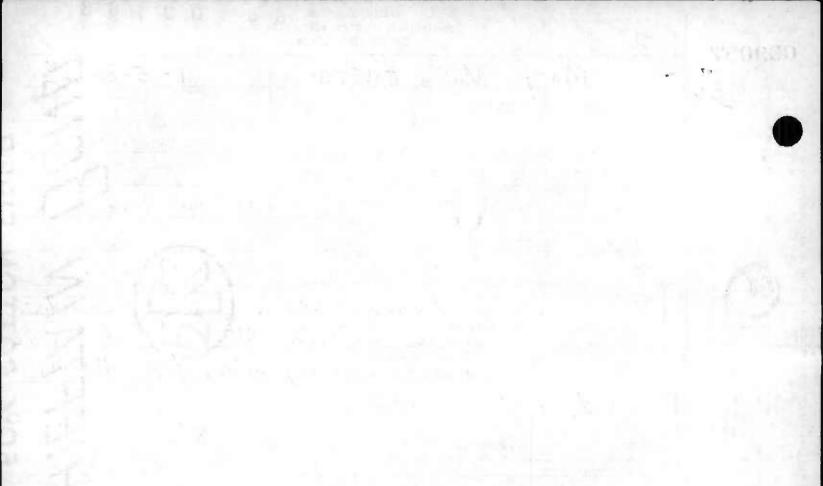
009087

1	FOR STATE REGISTRAR	DEPAR		HEALTH AND MENTAL HYG	REG. NO.	
4TYP	ECEASED NAME FIRST	ry Virginia	a H	uffer	20 DATE OF DEATH MONTH	5-86 12 M
3 SE	Female	White	S. DATE (DF BIRTH - 24-1 914 EAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
	COUNTY AND CONTROL OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8. MARRIE WIDOW	D NEVER MARRIED DIVORCED	Anne Ar	undel Co. MD.
10 0	Annapolis	13. NAME OF HOSPITAL, NUR: Anne Arunde			TYPE OF WORK FOR MOST OF WORKI	NG LIFE) 126 KIND OF BUSINESS OR NOUSTRY State Ho
USU 13a	JAL RESIDENCE (IF NURSING HOME O STATE Md. 136 CAU	ACO. RIVER INSTITUTION GIVE RESIDENCE BER RIVER	ORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO	212 Orchard	Rd.
160	WAS DECEASED EVER IN U.S. A		CURITY NO. 1 - 1 4 4	Ethel II INFORMANT Joan Stul	Pearl ADDRESS	Hittt lis, Md.
	Canditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse last	DUE TO, OR ASTA CONSECUTION OF ASTA CONSECUTIO	DUENCE OF	auterion Coronary	MI arTay di	Immediate Immediate Months
CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	M	L	20a AUTOPSY? 20b. 1	N GIVEN IN PART 1-0 IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 218. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19		RED (ENTER NATURE OF INJURY IN ITE	M 18 PART OR PART ?] COUNTY STATE
	22a.1 certify that (I) (this has saw the decorated these of above, all (see tries) (field in 17a. STONATURE	And How		DEGREE LATTENDING PHYSICIAN [MEDICAL STAFF	d hour and from the couses stated 22c. DATE SIGNED
	HOWAY	Gold ster	n	205 Rich	Isely Are.	Annyolis, mi
230	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	1-7-86	Good	Shepherd	Howard Co	Md.

Hamedesty Funeral Home ADDRESS Annapolis, Md.JAN 1986 June June Andress Annapolis, Md.JAN

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR



TO SERVICE STATE OF THE PARTY O	022015	1-	FOR STATE REGISTRAR			DEPARTM	ENT OF HI	OF MARYLAND SEALTH AND MENTAL HYGICATE OF DEATH	SIENE S	0 1	8 7	
3.5EX Female RACE SDATE OF BRTH PORCE SDATE OF BRTH PORCE SDATE OF BRTH PORCE SDATE SDAT	023015		OR PRINTS	ERST					20. DATE OF DEATH	MONIH E	AY YEAR	
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A BRITHPIACE STATE PROPRIOR The CHILEN OF WHAT COUNTRY MARRIED NEVER	free po	3. SEX	(7			6. AGE (IN YEARS LAST BIR			
A BRITHPIACE STATE PROPRIOR The CHILEN OF WHAT COUNTRY MARRIED NEVER	oge 4				White Feb.			6, 1888				
Brooklyn Park Second Park Maintain Mursing Home Home Home Home Home Mursing Mursing	nerol di		MD.				MARRIED	NEVER MARRIED				MD
The STATE Is COUNTY It Is NO DE CITY ON TOWN It Is NO DE CITY ON TO	s ofter o				III. NAME OF HOSPITAL, DURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) Meridian Nursing Home				(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			
A. D. Clemens, Jr. Many Bordley B	24 hours		TATE	13P CON	TY 13c.		13e STREET ADDRESS / ZIP CODE					
The WAS DECEASED EVER IN U.S. ARRED FORCES? IN SOCIAL SECURITY NO. 218 32 8156 Bryden B. Hyde, Gibson Island, MD 18 CAUSE OF DEATH: Enter only one course per line for 101, (b), and (c). IN SOCIAL SECURITY NO. 218 32 8156 Bryden B. Hyde, Gibson Island, MD 18 CAUSE OF DEATH: Enter only one course per line for 101, (b), and (c). IN MADDIATE CAUSE BY. IMMEDIATE CAUSE BY. IMMEDIATE CAUSE BY. IMMEDIATE CAUSE BY. IMMEDIATE CAUSE OF DEATH: Enter only one course per line for 101, (b), and (c). IN MADDIATE CAUSE BY. IMMEDIATE CAUSE BY. IMMEDIA	npletely	I4 FA	FIRST	Clem	NODLE	LAST-		15 MOTHER'S MAIDEN NA	ME		LAST	
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY MMEDIATE CAUSE (b), ARTHURCHER (CONDITION) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 PART I, DEATH WAS CAUSED BY MMEDIATE CAUSE (c), ARTHURCHER (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 PART I, DEATH WAS CAUSED BY PART I, DEATH WAS CAUSED BY MMEDIATE CAUSE (c), ARTHURCHER (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 PART I, DEATH WAS CAUSED BY PART I, DEATH WAS CAUSED BY PART I, DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost, storing the underlying couse lost. (c) PART I, DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost. (c) PART I, DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost. (c) PART I, DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost. (c) PART I, DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost. (c) PART I, DEATH WAS CAUSED BY PART I, DEATH WAS CAUSE	e execute n and car Pages		VAS DECEASED EVER I	N U.S. ARA	MED FORCES? 166			17 INFORMANT		ESS		d, MD
OR CONIRBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION OR CONTR	that the death certific d by the attending phy lease remove carbon pr unial, cremation, ar emo		Conditions, if any, gave rise to imm cause IoI, stating underlying cause	which ediate the last.	DUE TO, OR AS (c)	A CONSEQUE	NCE OF				EN IN PART 1:0	
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	00			REMOVAL								

74 FUNERAL DIRECTOPHENTY W. Jenkins & Sons Co.

4905 York Road, Balto., MD

STATE OF MARYLAND

MD

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

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may be

FOR STATE REGISTRAR . DECEASED NAME (TYPE OR PRINT)

3. SEX

EDWIN

STATE OR FOREIGN

MALS 70 BIRTHPLACE

USUAL RESIDENCE (IF NURSING HOME

18 CAUSE OF DEATH (Enter

Canditions, if ony, which gave rise to immediate cause (a), stoling the

> cause lost

underlying

226 SIGNATURE

PART I. DEATH WAS CAU

abave, (1) (we) (did) (did nat) view the bady after death

COUNTRY Illinois CITY OR TOWN OF DEATH DAVIDSONVILL

MD. FATHER'S NAME Frank 160. WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) YES

		DEPARTM	ENT OF HE	OF MARYLAND & CATE OF DEATH	6 GIENE	Q C	1	9 0	
FIRST	MI	OOLE	LA	SŤ	2a DATE OF			YEAR	26 HOUR
1	Joseph	h JAB	LON	SKI	JAN	JUARY	2 (, 1986	9:00 AM
-	4 RACE		5 DATE O		6. AGE (IN YE		Y) IF	UNDER I YEAR	IF UNDER 24 HRS
	CAUCA	SIAN	MONTH	- 19 - 24		6	YRS.	VIHS BATS	HOURS MIN.
OREIGN	76. CITIZEN OF W	HAT COUNTRY?	8	NEVER MARRIED	9 BALTIMOR	E CITY OR C	OUNTY O	FDEATH	
	USA		WIDOWE		Anne	Arund	el Co	unty	MD.
JILLE AUD		FACILITY, GIVE STREET A		Court	120 USUAL O LITTE OF WORK			176. KIND OF INDUSTRY Engine	BUSINESS OR
13h COUN		SIVE RESIDENCE BEFORE	١	134 INSIDE CITY LIMITS?	13e STREET A	DDRESS / ZI	PCODE	CT.	2103
	MIDDLE J. J.	ablonski	TICLE	15. MOTHER'S MAIDEN N. FIRST Mary	AME	wioofe		Lind	
		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS	0.50		
WW	II	579-20.	-662	4 Katherine	R. Jabl	onski	same	as 1	3 e.
AS CAUSE	D PV	me for iai, (b), and		CARCINON	LA OF	THE		APPROXI BETWEEN C	MATE INTERVAL INSET AND DEATH
	DUE TO, OR	AS A CONSEQUE	NCE OF		Coc	ON			
which nediate g the lost	DUE TO, OR	as a Conseque	NCE OF						

90 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a AUTOPSY		20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D		
			YES NO	○ ☑	YES 🗌	NO 🗌	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCC	JRRED (ENTER NATURE	OF INJURY IN I	TEM 18 PART OR PART ?		
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET	CIT	TY OR TOWN	COUNTY	STAT	

DIRECTOR PHYSICIAN 22e ADDRESS LANDOUER ME 8300 CORPORATE DR. 230 BURIAL CREMATION, REMOVAL 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY Burial Cheltenham, Pr. George's, MD Veterans Cem

DEGREE

DHMH - 16 60M 7/84

BP

(VRA 15, 4)

Funeral Home

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

- maindon Handale

22c. DATE SIGNED

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Carried done

J. P. S. 1986 Maryland Wet ownie Con. Mail action, Pr. Georgo's, Mil.

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ofter death. Page 4 may be	of the funeral director page 3 ed within 72 hours after death	of fied of once

FOR STATE REGISTRAR DEP

STATE OF MARYLAND 8 6	0	0	1	9
ARTMENT OF HEALTH AND MENTAL HYGIENE				
CERTIFICATE OF DEATH	REG. NO).		

26		EASED NAME	FIRST		MIDDLE		L.	AST		20. DATE OF DEATH	HINOM	DAY Y	EAR	2b HOUR
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You C.	3. SE	(4	RACE			5 DATE C	FBIRTH		6 AGE (IN YEARS LAST B	RTHDAY]	IF UNDER		IF UNDER 24 HRS
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Page Alire		RTHPLACE (STATE OR FO	REIGN 7	. CITIZEN OF	WHAT COL	JNTRY?	8	NEVER MARI	nr.	9 BALTIMORE CITY	OR COUNT	Y OF DEA	TH	
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D D D		TY OR TOWN OF DEAT	н 1	1. NAME OF	HOSPITAL,	NURSIN	G HOME C	ROTHER INSTITUT	TION	120. USUAL OCCUPA	ION	12b. K	IND OF	BUSINESS OR
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pletely nd 2 st	14. FA	THER'S NAME FIRST Howard	M	IDDLE	.Ter	ıkins	74	15. MOTHER'S MA		MIDDLE MIDDLE			GOC	drich
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the r	=	18 CAUSE OF DEATH	(Enter poly	Doe coure De				1		71	142 011			NATE INTERVAL
		PART I. DEATH WA	S CAUSED	BY. CAUSE (a)			est	ive He	art	- Failu	- e	DE)	WEENO	NOET AND DEATH
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that I by al, cr r ath		underlying cause	last.	(c)_					10	Lesease	_			
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he low on.	CERTIFICATION	190 DATE OF OPERATION	NC	196 CONE	OFFION FOR	WHICH	OPERATIOI	N WAS PERFORME	D	YES NO	IN CERTI	S, WERE F FYING CA		GS USED OF DEATH? NO [
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Sprite CTO CTO of I		saw the deceased	dive an_ (did not)	view the body	oller deuti	219_	, an	d that in (my) (our	r) opinian d	leath occurred an the	date and how	or and fro	m the c	auses stated
OR OR OR OF HER		226. SIGNATURE	D	51	1	2/		DEGREE	NDING	MEDICAL STA	. E.E		DATES	-
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BP	24.51	Buria	T	1/20	/86	G.	len H	aven Cen	netery				A.A.	
DHMH - 16 60M 7/84	G	NERAL DIRECTOR GO	nce 4	001 Ri	itchie	boo Hgv	ry Ba	lto Md	ZSO DATE	REC'D. BY REGISTRA	4			
(VRA 15, 4)									J	AN 20 1986	James	- wund	Acu^	Mandall.

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11 20 1886 John Sent Darles

	y.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND 8 MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE D O	192
of page 3		CEASED NAME FIRST LOLL	4. RACE BLACK	5. DATE OF BIRTH 03-02-1889	20 DATE OF DEATH MONTH 0 1 - 0 9 - 6 AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR IF UNDER 1 YEAR 6 UNDER 24 HRS WONTHS BAYS HOURS MIN
within 72 hours	(RTHPLACE (STATE OR FOREIGN OUNDER) TY OR TOWN OF DEATH	16 CITIZEN OF WHAT COUNTRY	* MARRIED NEVER MARRIED WIDOWED DIVORCED NO HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUN A. A. 120 USUAL OCCUPATION	MTY OF DEATH MD 12b. KIND OF BUSINESS OR
ly filled in by the should be filed experied experied experied experience.	130 S	NNAPOLIS AL RESIDENCE (IF NURSING HOME OF TATE THER'S NAME	A. A. H.	RE ADMISSION)	13e.STREET ADDRESS / ZIP CO	21403
omplet ond 2	16a V	Amue L VAS DECEASED EVER IN U.S. A	RMED-FORCES? 166 SOCIAL SEC	SARA URITY NO. 17 INFORMANT -7/57 Robert 10	h ADDRESS AND 4/6 Ch	Buther
in mine ding physicio or obonpapers mine or removal. or other troumatic event, the		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse to stating the underlying cause lost.	ED BY. ATE CAUSE (o)	PART FAICURE JENCE OF LER OF IS JENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND BEATH
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L DIRECTOR Afra troched for use os te Dept of Heolth		220.1 certify that (I) (the hear	of view the body offer death	DEGREE ATTENDING	death occurred on the date and h	that (I) (met lost nour and from the causes stated
O FUNERAL O FUNERAL WHO THE STOTE WHO THE STOTE WHO STANT		22d. PHYSICIAN'S NAME (TYPE	OR PRINT Rooms 14.2	22. ADDRESS	DIRECTOR PHYSICIAN	is 21403

23 NAME OF CEMETERY OR CREMATORY

23d LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4) 230 BURIAL, CREMATION, REMOVAL

236. DATE

YS"

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

death

TO HOSPITAL

BP

DHMH - 16 60M 7/B4

(VRA 15, 4)

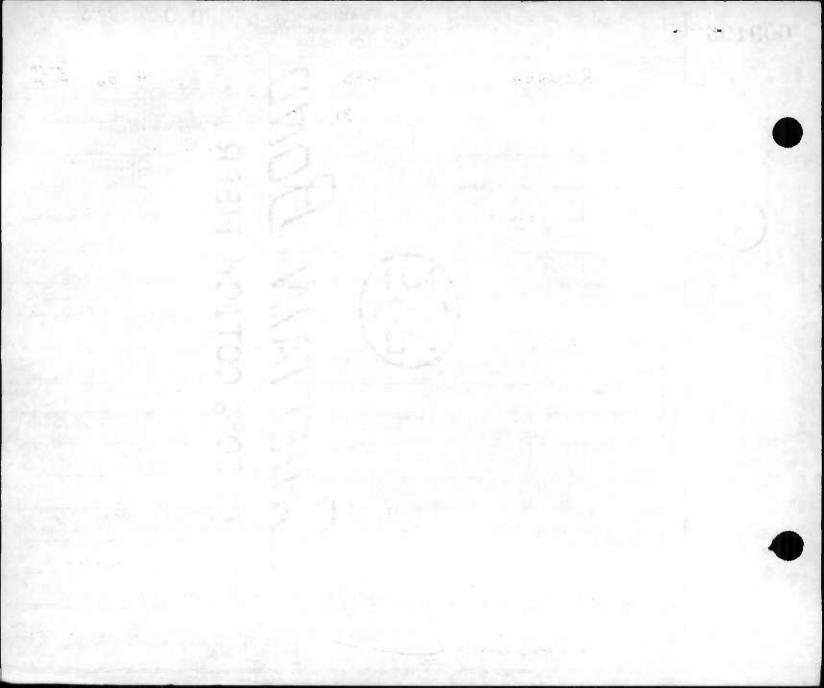
FOR STATE REGISTRAR

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STATE OF MARTLAND		U
PARTMENT OF HEALTH AND MENTAL HYGIENE		
CERTIFICATE OF DEATH		
CONTINUE OF BONTO	REG. NO	

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3. SI	EX	4 RACI		5 DATE (YEAR	6. AGE (IN YEARS LAST B	IRTHDAY)	WONTHS DATS	IF UNDER
1	Female		White	Mar	-	10	75	YRS		
7o. B	BIRTHPLACE (STATE OR F	FOREIGN 76. CITI	ZEN OF WHAT COUNTRY	(? B	D NEVER MA	RRIED 🗆	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	altimore, M		JSA	WIDOWI		RCED	A. A	. Co.		
10.0	CITY OR TOWN OF DEA		ME OF HOSPITAL, NURS	ING HOME		UTION	12a USUAL OCCUPA		12b. KIND C	OF BUSIN
	Annapolis	A.	A. General	Hospit	tal		Homemake		Own F	Home
15L 13a	UAL RESIDENCE (IF NURS	ING HOME OF OTHER IN	STITUTION GIVE RESIDENCE BEFO		113d INSIDE CITY	LIANITS?	13e.STREET ADDRESS	/ 7IP CODE		
	Maryland	A.A	. Co Glen Bu				402 Marle			. 210
A PLE	FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S M					
AU	Harry	Mode	King		Margar		WIDDLE		Garve	
	WAS DECEASED EVER			CURITY NO.	17 INFORMANT		ADDI	RESS		
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			ause per line for (q), (b), a		T Ocasi 2	,	C. Dame	40 10		MATE INTI
	PART I. DEATH W	AS CAUSED BY:	KAO	fasta	tic	Luni	2 Canco	0)	18	MA
			E TO, OR AS A CONSEO	UENCE OF						
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4	underlying cause		E TO, OR AS A CONSEO	UENCE OF						
	underlying cause	last	(c)		NOT RELATED TO	THE TERM	INAL DISEASE OR COL	NDITION GIV	EN IN PART 1	0
N O	PART 2 OTHER SIGN	last	(c)		NOT RELATED TO	THE TERM	inal disease or coi	NDITION GIV	EN IN PART 1	a
ATION	PART 2 OTHER SIGN	last NIFICANT CONDIT	(c)	DEATH BUT			NAL DISEASE OR COI		EN IN PART III	
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/ //	PART 2 OTHER SIGN 190 DATE OF OPERAT 210, ACCIDENT WAS UNE OR CONTRIBUTING CIFETHER, NOTIFY MEDIC 210, INJURY OCCURR WHITE AT WORLD 220, I certify that (II) SOW the decease above, (II) we) (c) 22b SIGNATURE	I lost NIFICANT CONDIT TION 19b DERLYING 121b CAUSE OF DEATH CAL EXAMINER) RED 21e (AT INE 18c ARE 19c AME (TYPE OR PRINT)	CONDITION FOR WHICE TIME OF INJURY OUR A.M. MONTH P.M. PLACE OF INJURY HOME STREET, FACTORY OFFICE	D DEATH BUT TH OPERATIO DAY YEAR 19 E FARM ETC.)	211. LOCATION STREET and that in (my) (according to the ph) 2212. ATTI 222. ADDRESS	RY OCCURR	700 AUTOPSY? YES NO CITY OR IT CITY OR IT Leath accurred an the C	20b IF YES IN CERTIF YE. URT IN ITEM IS P. OWN date and hour	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	tho (I)
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DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

REGISTRAR

- STATE

Md.	AACo.	Millersvill	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COD 1810 Woodrai	
Robert	MIDDLE P.	Jones	15 MOTHER'S MAIDEN NA FIRST Martha		Masters
60 WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	(IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 227-70-8991	17 INFORMANT D Stephen F	ADDRESS 1. Judson S	ame as#13
18 CAUSE OF DEAT PART I. DEATH V	T H (Enter anly ane cause pe VAS CAUSED BY: IMMEDIATE CAUSE (a)	CALDIO RESI	PIRATORY	ARREST	BETWEEN ONSET AND DEATH
Canditions, if ony	, which (b)_	BILATERAL	PNEUMO	NIA	36 HOURS
underlying cause	100000	THO PATHIC P	ULMONARY H	IYPERTENSION	33 YEARS
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7	ICAL EXAMINER) P RED 21e. PLACE		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
22a. I certify that (1) saw the decease	(this hospital) attended t	ofter death 19 86 , or	DEGREE ATTENDING PHYSICIAN	death occurred an the date and ho	19 that (1) (we) last our and fram the causes stated
22d. PHYSICIAN'S N ROBERT		EN,M.D.	220 ADDRESS 703 ANNAPO	GIDDINGS AV	
30 BURIAL, CREMATION, (SPECIFY) Buria			emetery or crematory x Mem. Park	23d LOCATION CITYOR TOWN Springfiel	d Fairfax Va.
FUNERAL DIRECTOR NAME Hardesty	Funeral H	ome Anna	polisMd.	TE REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

26 HOUR

126. KIND OF BUSINESS OR

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IF UNDER I YEAR

INDUSTRY

0211	13	1/-	FOR STATE REGISTRAR	DEPA	RTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE REG. NO.	1 4 2
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ige 4 mo	1391	3. SE	Male	4 RACE Caucasian	MONT	st 26, 1910	6 AGE (IN YEARS LAST BIRTHDAY) 75 YRS	
unerol di	of once	•	RTHPLACE ISTATE OR FOREIGN COUNTRY) New York	USA	MARRIE		Anne Arunde	L County MD.
by the filled with	O Contined	Cr	ofton	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI Crofton Conval	escent	Center Center	(1YPE OF WORK FOR MOST OF WORKING Technician	126 KIND OF BUSINESS OR INDUSTRY Eastman Kodak
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ted within ompletely I and 2 s	(2)		THER'S NAME FIRST Abraham	MIDDLE LAST Keld e		IS. MOTHER'S MAIDEN NA FIRST Evelyn	MIDDLE	DeWitt
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8)	of, cremo		gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSE	QUENCE OF	uson's D	cleare	Jeans
The same	r fe thou	TION					NINAL DISEASE OR CONDITION G	
The law clans in permit	2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO		YES NO P	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO NO
SICIAN: ng phys certition certition	1 9 mm	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH	PAY YEAR	Ma	RED (ENTER NATURE OF INJURY IN ITEM IT	8 PART I OR PART 2)
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torned b	APORTA		MAX CFA	ANK MY		27. ADDRESS My	telie Huy -	Cler Carrie Mis
BP			SURIAL, CREMATION, REMOVA SPECIFY) Cremation / ,	JAN 13,1986 N	1etropo			Fairfax, Virginia
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ricote be exemple the hyperine popularion and the contract of	·	18 CAUSE OF DEATH Enter only one cause per line for (a), (y), and (c) PART I. DEATH WAS CAUSED BY.	
RESTON ST. e death certifications provided to reminder corban introduced to remind the remover of the remover o		Canditions, if ony, which gave rise to immediate DUE TO. OR AS A CONSEQUENCE OF ' Infarction' Canditions, if ony, which gave rise to immediate	
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VITAL RECOR	CERTIFICATION	YES NO NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
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SPITAL OR ATTEN d by the hospital NERAL DIRECTOR. be detoched for w e State Dept of He TANT; if them 21 is		DEGREE MO ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	1117/66
TO HOSPITAL retoined by the should be det with the State MAPORTANT	220	Paul B. Berez MO 226 ADDRESS BURIAL, CREMATION, REMOVAL 236, DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	10/2/114
BP	24 5	Sund Jan 20,1986 Cedar Bluff Annapolis UNERAL DIRECTOR 1250. DATE REC'D. BY REGISTRAR 1250. REC	GISTRAR'S SIGNATIMBE
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1-	STATE REGISTRAR		DEI ARI	CERTIF	CATE OF DEATH	REG. NO).			
1		EASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH DA		26 HOUR	
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1		RTHPLACE_ISTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	8		9. BALTIMORE CITY O	R COUNTY	OF DEATH	7	
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7		Ft. Meade	Kim	6046	h AA	emy Hospi	Soreman			struct	tion
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1/	14. FA	THER'S NAME	WIDDIE	LAST		15 MOTHER'S MAIDEN NA	ME		LA	ST	
0		Clarence	L.	Kemp	er	Tessie	E.		Eyl	er _	
1	160 W	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT 1017	1st Street	Tale	n Burn	ie 210	061
	(A	Yes	?	2/3-28	37/3	JAMES KE	1st. Street	JK.			
		18. CAUSE OF DEATH (Enter	only ane couse pe	er line for (a), (b), o	nd (c1.)				BETWEEN	ONSET AND DE	AL
N		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	Cardio	respir	atory Arres:	<i>+</i>		4	Surin	
1		IMMEDI	100	OR AS A CONSEQU	IENICE OF	0					
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		gave rise to immediate cause (a), stating the			151165.05						
		underlying couse lost.	DUE TO, C	OR AS A CONSEQU	JENCE OF						
		PART 2 OTHER SIGNIFICAN	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	EN IN PART 1	(0)	
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A	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PE			N WAS PERFORMED	200 AUTOPSY?		WERE FIND		12
1	15						YES NO	YES		NO [
0	ER	210. ACCIDENT WAS UNDERLYING		OF INJURY	145.45	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PA	ART 1 OR PART 2)		
1		OR CONTRIBUTING CAUSE OF	ZEAIN .	A.M. MONTH I	DAY YEAR						
	MEDICAL	21d. INJURY OCCURRED	21e. PLACI	OF INJURY		21f. LOCATION	CITY OR TO	101	COUNTY	STAT	76
	¥	WHILE NOT WHILE AT WORK	(AT HOME, S	TREET, FACTORY, OFFICE	, FARM, ETC.)	SINEEL	CITY OR TO	W IN	COUNT	3181	
		220.1 certify that (I) (this ha	pital) attended	the deceased from		19			19	that (I) (we	e) lost
		sow the deceased plive	on	19_	, o	nd that in (my) (our) opinion	death occurred on the d	ate and hour	ond from the	couses stat	ed
		above, (I) (we) (did) (did	not) view the boo	ly atter death.		DEGREE			22c DAT	SIGNED	
		White	Alla	e el	/	ATTENDING PHYSICIAN	MEDICAL STA		1/	4/86	
-		22d. PHYSICIAN'S NAME (TYP	F OR PRINT)	your		22e. ADDRESS	DIRECTOR THIS	CIAIT E	,	10	
		MIKE A.R	OYAL	MD CPT	mc						
		BURIAL, CREMATION, REMOV	AL 23b. DATE	230	NAME OF	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STAT	E
		Burial		24, 1985	Glen	Haven Mem. Ce		rnie	AA C		
	24. F	UNERAL DIRECTOR	nal	1			TE REC'D. BY REGISTRAR	25b. REGIST	RAR'S SIGNA		
4		Singleton Fune	ral Home	GIEN B	urnie,	Md.	AN 23 1986	gwien	Davidson	-Hande	

BP. DHMH - 16 25M

TO FUNERAL DIRECTOR. After this certificate has been ugged by

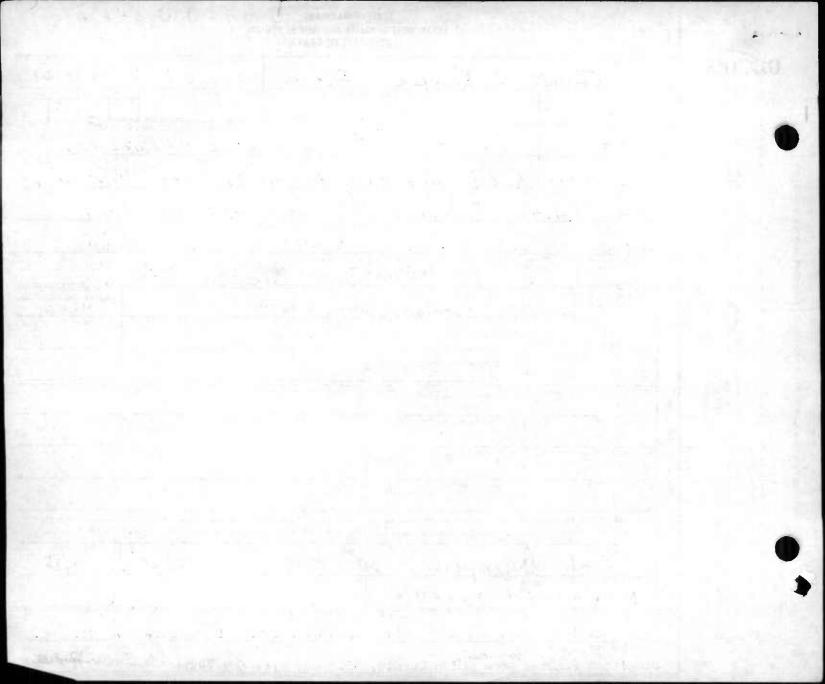
OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physician.

IMPORTANT: If hem 21 is morked or frem 18 shows any injury, or should be detoched far use as the buriol-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior ta bur

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STATE OF MARYLAND

11.	- STATE	DEP	CERTIFICATE OF DEATH	AL HYGIENE	
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	CEASED NAME HOW	ARd Andre	ew Kin hart	1000	MONTH DAY YEAR 26. HOUR 4: 42 PM
1.58		4 RACE	5 DATE-OF BIRTH	AGE (IN YEARS LAST BIR)	HDAY) IF UNDER YEAR IF UNDER 24 HRS
10	nale.	White	Aug 24 189	8 81	YRS.
7a. B	WITHPLACE FLIAT OFFICE ON	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIE	9 BALTIMORE CITY O	R COUNTY OF DEATH
IN	Januland	1. U.D. H	. WIDOWED DIVORCE	_	Arundel Co. MD.
10.C	gewater md		URSING HOME OR OTHER INSTITUTION STREET ADDRESSION WINA CONV. CENTURY	IZE USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF	EWORKING LIFE) TO SCHOOLS
USU 13e		OUNTY 13c CITY OR	BEFORE APPLISSION) TOWN 134 INSIDE CITY LIM YES X NO [13e.STREET ADDRESS.	ZIP CODE 21403
14, F	ATHER'S HAME	MIDDLE . LAS	IS MOTHER'S MAID	EN NAME	1
1	David	J. Kinho	irt Fann	0	alurner
160	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRE	88 Baldwin Mill Rd.
	Yes W	1W 1 220-3	66-6638 HIIIe K	, Kinhart-Ja	rrettsville MU21084
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per line for iai, ()	b , and ic	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		TATE CAUSE (0)	retiral anoy	1a	
		DUE TO, OR AS A CONS	SEQUENCE OF		
	Conditions, if ony, which gave rise to immediate	(1b)	CVA		
	couse (0), stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF		
		(c)	S TO DEATH BUT NOT RELATED TO TH	F TERMENAL DISEASE OR COM	DITION COVER IN DARK I
2	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING	3 TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CON	DITION GIVEN IN PART I d
CERTIFICATION	1% DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
1 5	710 ACCIDENT WAS UNDERLYING	716. TIME OF INJURY	2) - HOW INTURY	OCCURRED (ENTER NATURE OF INJUR	YES NO
	OR CONTRIBUTING CAUSE OF L			CCORRED (ENTER WATURE OF INJUR	(Y IN HEM IS PART OR PART 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	P.M. 21e PLACE OF INJURY	21f LOCATION		
뿔	WHILE NOT WHILE	(AT HOME, STREET FACTORY O		CITY OR TO	WN COUNTY STATE
	AT WORK — AT WORK	ispital) ottended the deceased t	rom19_	ta	
		an_ not) view the body after death.			ste and hour and from the causes stated
	276 SIGNATURE	not) view the body after death.	DEGREE		224 DATE SIGNED
	(tilliam	H (lina)	7 M.D. ATTEND		
1	224 PHYSICIAN'S NAME LIVE	PE OR PRINT)	27e ADDRESS		*
	William	H Choate	mi) 20834	lest St. An	mapolismo
230.	BURIAL, CREMATION, REMOVA		13c NAME OF CEMETERY OR CREMA	TORY 734 LOCATION	(COUNTY) STATE
N	Jurial	Jan. 6 1986	Bethel Presbyter	ian Madonn	a Hartford MU
24 5	UNERAL DIRECTOR	A ADR	Church	DATE REC'D. BY REGISTRAR	756 REGISTRAR'S SIGNATURE
11	aylor lune	ral Chapel-	Hnnapotis, MU	JAN 3 1900	W. The state of th
77.	V	4			

8

DHMH - 16 60M 7/84 (VRA 15, 4)

V20700 the standing of the

			FOR			DEPA	STA	ATE OF	MARYLAND HAND MENTAL	HYCIEN	E 0	0	1 9	9	
0360)50		STATE REGISTRAR	•		MEDICA	AL EXAMI	NER'S	CERTIFICATE	OF DEA		REG. NO			
			EASED NAME	FIRST		MIDDI	.E		LAST		20 DATE KN	NOWN X	MONTH	DAY YEAR	26 HOUR
25 % S.	PRESTON STREET,			MITCH	MITCHELL Shane				(IRKLAND		DEATH N	NATED	1	31 19 86	
ARY, PLEASE DIRECTOR. OUR FILES.	SIRE S	3 SEX 4. RACE		S DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS I MIN PRONOUNCED			MONTH	ONTH . DAY YEAR 24 HOUR							
20 E.K.	SON	Male White		July 9,1968 17 YRS. DEAD			1	1 31 19 86 11P M							
ESS/ RAIRAI	200	76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Baltimore, Md.			76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED X					COUNT					
S S S S S S S S S S S S S S S S S S S	30.				USA WIDOWED DIVORCED Anne Arundel						unty	MD			
世里世	=///	10 CI	IY OR TOWN OF	DEATH			NURSING HOA		HER INSTITUTION		JAL OCCUPA MOST OF WORKIN		OF WORK	VORK 176 KIND OF BUSINESS OR INDUSTRY	
36	100		illersvil		628 C		Ave.			St	tudent			Schoo	
IN THE	31	USUA I3a, S		13b COUNT	Υ	13c.	CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STR	EET ADDRESS	5			
21201 RETAIN			Md.	A/	A	Mi	llersyi	11e_	YES NO			il Ave	enue,	21108	
MD TH	146		THER'S NAME		MIDDLE	123	LAST		15. MOTHER'S MAIL		MIDE	DLE		LAST	
ME. W. P.	1000		James		В.		<i>(irkland</i>		Barba	ara				Holle	r
M SAN	05		(AS DECEASED EVES, NO, OR UNKNOWN)				SOCIAL SECUR		17 INFORMANT			ADDRESS			
ALT SIVE	DIVISIO		No			2	18-76-2	227	Father	•	same	as 1:	3		
WI WILL			18 CAUSE OF DE	- WAS CALISED	BV									BETWEEN ONS	SET AND DEATH
NS HEAT	DE EXCUED WITHIN 24 NO FEDING" IN PENCIL IN TEM AS A BURIAL TRANSIT PERM ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.		911	MMEDIATI	E CAUSE (o)_				head (han	ndgun)				1	
N AL		1	100	if any, which	DUE TO	O, OR AS A	CONSEQUENC	E OF							
NE SERVICE			gave fise to immediate (b)												
ED V		191	lying couse l		DUETO	O, OR AS A	CONSEQUENCI	E OF						100	
S. 2			AARY A GYDER CLOUD	CANT CONDITIONS	(c)_										
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO RITING THE WORD "PENDING" IN PENCIL IN ITEM I RDED TO THE CHIEF MEDICAL EXAMINER ALONG		N	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to												
PEN PEN	- W	MEDICAL CERTIFICATION	19a. DATE OF OP	ERATION	196. CC	NOITION	OR WHICH OP	ERATION '	WAS PERFORMED?					20 AUTOPS	Y?
A SE	S O S	E												YES 🕡	NO 🗆
ATE S THE O	SHOULD BE PARTMENT RIOR TO BU	1 1	21a. EXTERNAL C			AE OF INJU			OW INJURY OCCUR	RED LENTER	NATURE OF INJUR	RY IN ITEM 18 P	ART I OR PAR	T 2)	
ONO THE TO	SATA S	1	UNDERLYING CONTRIBUTING	CAUSE OF D		5p.m. 1	-31- 19 8	36 Su	bject acci	denta	llv sh	ot se	lf.		
ASIG	PRICE	EDIC	214 INJURY OCC	URRED	71e PL	ACE OF INJ	URY (AT HOME,		CATION		CITY OR TOWN		COU	ALITY .	STATE
DIVIS THIS CER WARDED		E	AT WORK	T WORK		house	IRM, ETC.)	62	8 Cecil Av	e.,Mi					
40 MM CV	E STATE			at I took shore	of the remain	s described	Labove held on	Auto	psv X Inspect	uon 🗍	looury [7 000	d in my on	inion	
A SE	PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SHALL MARYLAND.	1	death resulted f												
AM O BE	N T T T		death resulted	1000	0.0000	Acces	Jein L.	ooicide _	TITLE (SPECIFY)	onde.	eriimieo mon				
300	T. S		ACTUAL SIGNATURE	M	12N	10			M.D. Assistar	nt MED	ICAL EXAMIN	VER	DATE	2-1-8	6
2 ± 3	OR A		7	//	A AX		12.7								
WE.	E RE		(TYPE OR PRINT)	Me Ann	M. Dixo	on, M.	D.		ADDRESS 111 Pe	enn S	t., Ba	lto.,	MD	21201	
PAKE	PAP -	73o. B	JRIAL, CREMATIO	N, REMOVAL 2	b DATE		23c. NAME OF C	EMETERY	OR CREMATORY	23d. LC	OCATION		COUN	ITY	STATE
784 BP			Burial	1	Feb. 4,	1986	Glen H	aven	Mem. Park		len Bur	rnie	AA	1	Md.

DHMH - 17 (VR A15 ME (5))

Burial
24 FUNERAL DIRECTOR James S. Kirkley, Glen Burnie, Maryland Park Glen Burnie AA Md.

1350. DATE REC'D. BY REGISTRAR 1350. REGISTRAR'S SIGNATURE
FEB 0 1 1986





rs ofter 30

medical

injury, or other troumotic event, the

IMPORTANT: If them 21 is marked or them 18 shows any

STATE OF MARYLAND

DEPARTME

Knuckey

Caucasion

76 CITIZEN OF WHAT COUNTRY?

NT OF HEALTH AND MENTAL HÝG CERTIFICATE OF DEATH	REG. NO.		
LAST	20 DATE OF DEATH MONTH	DAY YEAR	26. HOUR
	January 30,	1986	8:35 A
DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
May 12, 1926 YEAR		YRS. GAYS	HOURS MIN
MARRIED X NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH	
MARRIED A NEVER MARKIED L	Anne Arundel	County	MD
HOME OF OTHER INSTITUTION	12a LISUAL OCCUPATION	12h KIND C	OF BUSINESS OR

	ountry) ennsylvania	U.S.A.	MARRIE	DIX NEVER MARRIED L	Anne Arunde	1 Coun	nty	MD.
10. C	t. Meade	(IF NOT IN SUC	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) KIMBROUGH ARMY COMMUNITY HOSPITAL			12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired Army		BUSINESS OR
	STATE 13b CO	OR OTHER INSTITUTION, UNITY Arundel	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Laurel	13d. INSIDE CITY LIMITS?	9610 D COV	ered Wa	igon Dri	20707 ive
14. FA	William	Thomas	Knuck€¥	15. MOTHER'S MAIDEN NAM	MIDDLE	July Vi	Latchan Latch	
	VAS DECEASED EVER IN U.S., (15 YES, NO OR UNKNOWN) (15 YES, C	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 200-18-9462	Marian Knucke	addre ey(wife) San			
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	anly one cause per SED BY: ATE CAUSE (a)		HEART FAILURE			8 year	SET AND DEATH
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which ((b) MYOCARDIAL INFARCTION							rs
	gove rise to immediate couse (a), stating the underlying couse lost.	10 year	rs					
NOI	PART 2. OTHER SIGNIFICAN	T CONDITIONS <u>C</u>	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	OITION GIVEN	IN PART 1(a)	
CERTIFICATION	196. DATE OF OPERATION	19b. COND	TION FOR WHICH OPERATIO			IN CERTIFYI	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO	
-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEAIN	FINJURY M. MONTH DAY YEAR M. 19	210 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PAI			T 1 OR PART 2}	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	И	COUNTY	STATE
	22a.1 certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	an	190	, 19, 19			, the	4., 4
	22b. SIGNATURE			DEGREE			22c. DATE SH	GNED

BP. DHMH - 16 25M

(VR A 15 (4)) 9/74

O HOSPITAL OR ATTENDING PHYSICIAN: The

offending physicion

etained by the hospital or

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbon popers. Pagerwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

24 FUNERAL DIRECTOR NAME ECK

22d. PHYSICIAN'S NAME (PIPE OR PRINT)

Joseph D.

FOR

STATE REGISTRAR DECEASED NAME

Male

TO BIRTHPLACE ISTATE OF FOREIGN

FIRST William .

4 RACE

236. BURIAL, CREMATION, REMOVAL 236. DATE 2/3/86

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

KIMBROUGH ARMY

23d. LOCATION Cem Arlington

COMMUNITY

Buria1 Arlington Nat'1 7601 SANDY ADDRESS LARREL

Zeligs, LTC, MC

2070

25s. DATE REC'D. BY REGISTRAR FEB 03 1986

ATTENDING X MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

750. REGISTRAR'S SIGNATURE -- wormyunder

30 Jan 1986

STATE OF MARYLAND	8 6
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CEDTIFICATE OF DEATH	

311796	1 -	STATE REGISTRAR	DEFAR	CERTIFICATE OF DEATH	REG. NO.	
1 71	TYPE	OR PRINT) Lillian	R .	KONEGEN	-	23 1986 956 M
and Company	3 SE	Female	4. RACE White	S. DATE OF BIRTH MONTH MAR 191	6 AGE (IN YEARS LAST BIRTHD)	AY) IF UNDER I YEAR IF UNDER HRS
146		RTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR C	ALUNDED MD.
1 11 60	P	Onagoly'S		et ADDRESS) Gen. Hosa	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY
き 朝 タン		AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEF	OLS YES X NO	130 STREET ADDRESS / ZI	211161
1 1/19/		Samuel	MIDDLE YEAST	er hother's maiden	WIDDIE	Ingham
A medical	láa V	AS DECEASED EVER IN U.S. AR.	MED FORCES? E WAR OR DATES) MI-24	-9620 Beatry	c'e R Cagle	17 Forden Langa
physics myappin emost, the		PART I. DEATH WAS CAUSE	ly ane cause per line far (a) (b) D BY: E CAUSE (a)	STOPIC Bus	051 Cargina	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAD
deoth ce attending over corbi dion; er n stometic		Canditians, if any, which	DUE TO, OR AS A CONSEC	UENCE OF	14	
that the f by the rose rema of, crema r other tr		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	UENCE OF		
m signed Themple or to burn injury, o	HON	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE 1		
The low	RTIFICA	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	YES NO	16. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
SCIAN.	ICAL CER	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR	CURRED LENTER NATURE OF INJURY IN	FITEM 18 PART 1 OR PART 2)
of the first of th	MEDI	21d INJURY OCCURRED IILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFIC	E, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
ATTENDI Approl o CTOR A f for use 1, af Heal		sow the decemed give of obove (i) he (did (did no	tal) attended the deceased fram the bady after death	and that ir (my) (aur) apir	nian death accurred an the date	and have and from the causes stated
TAL OR NO TAL OR NO TAL OR NO TAL OR NO TAL OR TAL		The SIGNATURE C	Pennon	DEGREE ATTENDIN PHYSICIAL		124184
O HOSPI nored of O FUNE hauld be wedeta		genat P	Tomorros	2005 P	lidgely or	ie Annaportino
BP	230 E	URIAL CREMATION, REMOVAL	Jan. 25, 1986	Cedar Hill	Suitland	P.G. Myor
	24, FL	INERAL DIRECTOR	,	- 25n	DATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE .

SCILLED

THE RESIDENCE OF THE PROPERTY AND ADDRESS OF THE PARTY OF temale voite on a value of Tenosylvania LLSD - FEBRUARY CONST sympth without well million the live live live against 133 yet boowwald to! X Zilogenal AA CM Served Tiesen Lulus Propert Louis College Coll A ASSAULT LINE OF THE REAL OF Crement & Jan 25, 186 Codor Hill Surlend & Comon and ellegent logged I money act of

17082	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	EST
1,000		CEASED NAME FIRST	WIDOFE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ge 3 eoth	(TYPE	MARTIN	JAMES	KRAUSMAN	JANUARY	2, 1986 1135 P
tor po	3. SE.	Male	1 RACE White	5. DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY 82 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.
86		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTE		9 BALTIMORE CITY OR COUN	DEL COUNTY MD.
104	10 C	TY OR TOWN OF DEATH GLEN BURNIE	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION DEL HOSPITAL	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING PUMBER	126 KIND OF BUSINESS OR
	130 5	AL RESIDENCE THE NURSING HOME OF TATE 13b. COU THER'S NAME	R OTHER INSTITUTION GIVE RESIDENCE BEI	FORE ADMISSION)	136 STREET ADDRESS / ZIP COI	DE /
17/10/	- /	MARTIN	KRIOUCT	IUNOS NICODEM	AS MIDDLE	LAST
K97	16a V	VAS DECEASED EVER IN U.S. AF		CURITY NO. 17 INFORMANT	ADDREG BE	EDENA, MD. 2112
B) /	3	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a)	ond (c.)	Lun a	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by the otterang case remove tamps of, cremation, or training training		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEC			
n signed Then ple to burio	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	minal disease or condition G	IVEN IN PART I O
hos bee t permit. iene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
iol-trons ntol Hyg em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		RRED (ENTER NATURE OF INJURY IN ITEM 18	S PART OR PART 2
s the bur ond Me ked or H	MEDICAL	21d INJURY OCCURRED WHILE AT WORK	21e PLACE OF INJURY LATHOME STREET FACTORY OFFI	CE FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TOR: Att		220.1 certify that In (this hasp saw the deceased above as above, It (we see did of the	1112/86		death accurred on the date and he	that (It (we) lost our and from the causes stated
of DIRECted for the Dept. of the Mem.		22b. SIGNATURE	Sink BV	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/3/86
FUNERA could be de out the Stot	×	TORGE B. I	NAMIREZ. M.D.	FIN ADDRESS	7845 OAKWOOD ROA URNIE, MARYLAND	
5 43 3 Z	1	BURIAL, CREMATION, REMOVAL (SPECIFY)	. 23b DATE 2.	A. NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
1 - 16 60M 7/84		JURIAL DIRECTOR	501 RI		TE REC'D. BY REGISTRAR 25b. REGI	STRAR'S SIGNATURE
/RA 15, 4)	E	BARRANCO F.	H. SEVERNA	PARK, MD. 21146 11	AN 9 1986	his Davidson-Bondale

STATE OF MARYLAND

Virtue model for and the National Action of the Company of the Compa LEWIS CONTROL OF THE PARTY OF T Software, and the soft and the

1 1 10 10 10 Color of the Lindbarney of a

A SECTION OF THE PERSON OF

FOR - STATE REGISTRAR PEGEASED NAME

70 BIRTHPLACE

COUNTRY

14 FATHER'S NAME

CERTIFICATION

MEDICAL

WHILE AT WORK

77h SIGNA

IN AILY OR TOWN OF DEATH

WAS DECEASED EVER IN

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

3 SEX

FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	6 O IENE	0 2	0 3
EASED NAME FIRST LL	McGOWAN KYLER	JAN.	15-/	986 6 PM
+,	ACE B S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI	YRS.	
OUNTRY) /VC	U.S. A, MARRIED NEVER MARRIED WIDOWED DIVORCED	BAUTIMORE CITY OF	COUNTY OF	WN do L MD.
NNA-BOLIS	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION () NOT IN SUCH FACILITY OVE STREET ADDRESS) TO SOLVE THE STREET ADDRESS OF THE	TYPE OF WORK FOR MOST OF		26 KIND OF BUSINESS OR NDUSTRY
L RESIDENCE OF NURSING HOME OR OTH		2065 AL	ZP CODE L	12/40/ 10, Apt 201
CIRS NAME MIDO	REM COWAN E PART A	MIDOLEY -	th	LAST
AS DECEASED EVER IN U.S. ARMED		WICYL	pt Si	AMPAS 13E
18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED B' IMMEDIATE C	Mann O INCOMA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse to, stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF OUT OF THE TOTAL CONSEQUENCE OF (c) WO WULLIS Q SUL	docN.		
PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING O DEATH BUT NOT RELATED TO THE TERMI	inal disease or cond	ITION GIVEN II	N PART 110
190 DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?		RE FINDINGS USED G CAUSES OF DEATH?
21g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART :	ORPART 2)

21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE, FARM ETC)

21f LOCATION STREET

COUNTY STATE

220.1 certify that (1) this hospital) attended the deceased from. third not view the body ofter death.

30

DEGREE ATTENDING 1 MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

22e ADDRESS

23c, NAME OF CEMETERY OR CREMATORY

STAFF

CITY OF TOWN

and hot in (my) (our) opinion death occurred on the date and hour and from the causes stated

DHMH - 16 60M 7/B4 (VRA 15, 4)

236 DATE

whia beindson- Pandalle

)

may be

irol director, page 3 72 hours after death

FOR STATE

SYATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR				CEKITE	ICATE OF	DEATH	REG.	NO			
I. DECEASED NAME	EN		R	LAC	C.F.Y		2a. DATE OF DEATH	MONTH	DAY	F6	3.30 N
3. SEX MALE		RACE WHIT	re)	5. DATE C	F BIRTH	1915	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS	ER I YEAR	IF UNDER 24 HRS HOURS MIN.
To BIRTHPLACE (STATE OR MERYLAND	FOREIGN 7b.	CITIZEN OF	WHAT COUNT	RY? 8. MARRIE		MARRIED	9. BALTIMORE CITY ANNE	OR COUN	TY OF D	EATH	MC
ANNAPOLIS	ATH 11.			RSING HOME C		NOITUTION	CTVTL OCCUP			U-STEV	GOVT
USUAL RESIDENCE (IF NURS Ug. STATE MD	13b COUNTY		ANNAP		13d. INSIDE	CITY LIMITS?	TOTE ABAS	Ŷ RII	GE .	AVE	21403
ARTSTA	W. MIDI)LE	LA'C'	EY		S MAIDEN NA	ME MIDDLE	(COLL	INS	
WAS DECEASED EVER	IN U.S. ARMEI			12 414	17. INFORM		LACEY #	13			
PART 2. OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WAS UN				TO DEATH BUT	- 1	C27	200 AUTOPSY?	20b. IF	YES, WER	EFINDIN	IGS USED
OR CONTRIBUTING	OR CONTRIBUTING CAUSE OF DEATH HOU		JR A.M. MONTH DAY YEAR P.M. 19			9	YES NO		YES 🗌		NO []
21d. INJURY OCCUR WHILE NOT W AT WORK AT WO		21e. PLACE ((AT HOME STR	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	21f. LOCAT STREE		CITY OF	TOWN	cc	NUNTY	STATE
220.1 certify that (II saw the decease obave III (Ve) (1) 220. SIGNATURE	ed alive an did) (did nat) v	ew the body		19, ar	DEGREE	ATTENDING PHYSICIAN SS	MEDICAL S DIRECTOR PHY	TAFF SICIAN [2	from the o	
23a. BURIAL, CREMATION, (SPECIFY) CREMATIC 24. FUNERAL DIRECTOR	REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN		coul	VIY	STATE

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR, After the should be defacted for use as the bit with the Stelle Dept. of Health and M

retoined by the hospital TO HOSPITAL OR

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che burial-tronsi permit. Then please remave c and Mental Hygiene prior to burial, cremation.

IMPORTANT, If term 21 is marked at them 183he

(VRA 15, 4)

TAYLOR FUNERAL CHAPEL ANNAPOLIS, MD.

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STATE OF MARYLAND & DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 014149 DECEASED NAME 20. DATE OF DEATH MONTH 7b. HOUR (TYPE OR PRINT) F UNDER I YEAR 5. DATE OF BIRTH 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BURTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY) ennessee WIDOWED DIVORCED nde 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINE Honapolis Conve Kailroad USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE
13b. CQUNTY
13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CQDI 14 FATHER'S NAME MIDDLE MIDDLE LAST ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Same as (YES NOT OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPECIALATE INTERVAL BETWEEN CINCAT AND CHATH 18 CAUSE OF DEATH (Enter only one couse per limy) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To CERTIFICATION 0 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [tronsit 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY 21a. ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY IN ITEM 18 PART I OR PART 21 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ntoi MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE STREET orked (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 22a 1 certify that (1) (the hospital) attended the agreesed from , that (I) (we) last sow the deceased alive on above the body ofter death. and that in (my) (act) opinion death occurred on the date and how and from the causes stated TH-HIGNATUR DEGREE 22c DATE SIGNED be detach e State De MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN ORIANT 22e ADDRESS old b 23b. DATE 23c. NAME OF CEME 24 SUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

A street and the soul soul so the soul souls are Temale which I will be a factor C. O. Ishanif Loufe I. The D. William Lander Co. S. bourfell bo told will be well and bourse out of any hold sundayah shaloott X shapen G G G Ciri Email Total Langilli Elle - rabalo Lo bamped 15 500 Elle Come en agreeable for some time to profit from your or to come to

07	1 -	FOR STATE REGISTRAR	DEPAR		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO	o .		EST
2/		EASED NAME FIRST	MIDDLE	LA	ST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
V	TITPE	GEOR!	GE DEWEY	LEBRU	N	JANUARY	06.	, 1986	0420 RA
/	3. SE)		4. RACE	5 DATE O		6. AGE IN YEARS LAST BIR	HDAY)	FUNDER I YEAR	IF UNDER 24 HRS.
nl	labe.	Male	White	July	7 2, 1898	87	YRS	DATE OATS	moons mis.
1		THPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	AAADDIED	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY (OF DEATH	
0		Maryland	United State	SWIDOWE	DIVORCED	ANNE A	RUNDE	L COUN	TY MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET	ET ADDRESS)		178 USUAL OCCUPATE			OF BUSINESS OR
4	0	GLEN BURNIE	NORTH ARUNDI	EL HOSP	ITAL	Parks De		_	Balt.Ci
36	13a S	TATE 136 COU			13d. INSIDE CITY LIMITS? YES NO A	7510 Roc	zip code k Cre	ek Wa	y/ 2112
90	14 FA	THER'S NAME Charles	H. LeBrun		15. MOTHER'S MAIDEN NAM	WE		LAS	it
/ Jedon		(AS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) (IF YES, G	DIE WAR OR DATEEL		7 George Le				Ann, Md. n St.
4		IS CAUSE OF DEATH (Enter o	inly one cause per line for (a), (b), c	and Ic				BETWEEN	MATE INTERVAL ONSET AND DEATH
1		PART I. DEATH WAS CAUS	ATE CAUSE (0) Carding	ulmo	now expes	8		1700 00	edinto
roumafic		Conditions, if any, which	DUE TO, OR AS A CONSEQ	1.	1 Inface	bon		Imm	ediate
o other		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEO	- /0	105-1			40	915
4	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
lui duo sm	CERTIFICATION	IN DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION	WAS PERFORMED	20e AUTOPSY?		WERE FINDING CAUSES	
18 40	11/2/201	218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR				
hed or it	MEDICAL	21d INJURY OCCURRED NOT WHITE AT WORK	21¢, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
A 21 is mo		sow the deceased alive a above, (I) (we) (did) (did n	n A 200 St. 19. ot) view the body offer death.	83 on	d that in (my) (our) opinion (, to AV deoth occurred on the do	te ond hour	and from the	
A 10 A		276. SIGNATURE	E Koph	m		MEDICAL STATE		1/2 DATE	SIGNED 8
#ORTAN		TRA E KAP		2000	78 GLEN BUI	845 OAKWOOD		061	
5		URIAL, CREMATION, REMOVA	L 236. DATE 236	NAME OF CE	METERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		Burial	Jan.9,1986 V	Vaughs		n. Glen A			o., Md.
4/83		INERAL DIRECTOR	ADDRESS	,		E REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNAT	URE
	IV.	ccully Funer	ral Home/Passa	iena,	a.21124	AN 9 1988	1.	Davidana	Dark on

STATE OF MARYLAND

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	1-1		FOR	DEPARTMENT OF	F HEALTH AND MENTAL H	FIGIENE U U 2	. 0 9
02:	3114		STATE REGISTRAR	MEDICAL EXAMI	NER'S CERTIFICATE C	F DEATH REG. NO.	
		1. DE	CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 25 HOUR
EAS	R FILES. HOURS STREET,	3. SEX	1 RACE	DATE OF BIRTH 6. AGE (IN	YEARS IF UNDER 1 YR. IF UNDER		MONTH / DAY YEAR 28 HOUR
200	N ST ST		MA/O OreINTA/	Apr. 30 40 45	DAY) MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	TAN 16 1.86 2225
	A SEE SE		RTHPLACE (STATE OR PEGN COUNTRY)	TE CITIZEN OF WHAT COUNTRY?	8. MARRIED ANEVER MARR	IED . SALTIMORE CITY OF	_
● ñ	2534	1	YOY OF DEATH	11. NAME OF HOSPITAL, NURSING HO	WIDOWED DIVORC		del MD OF WORK 112b KIND OF BUSINESS
10 1		6	IEN BURRIE	Up of in such facility, give greet address Orth Arun		FOR MOST OF WORKING LIFE)	OR INDUSTRY 1-11 & Take
21201 AAA		USUA 13a. S	L RESIDENCE I IF IN MURSING HOME OR TATE 136 COUNTY	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS 134 CITY OR TOWN SELEVIN		13. STREET ADDRESS OF HO.	21146 www.ad Dr.
E. MD.	PM 3	14. FA	THER'S NAME PERST III	Mipole Loe	15. MOTHER'S MAIDE		n hast
BALTIMOR S AFTER DE	AGES 1 A	160 V	AS DECEASED EVER IN U.S. ARMI (IF YES, GIVE		1184 SANG	Hee Broth	how chesty
N ST., B	ITEM 18. GI ONG WITH PERMIT. PA SIENE, DIVI VAL.		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE		rdiac Ar	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST.,	W AND W		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE	5, C, V, 1	D .	
201 W. P	EXAMIN EXAMIN IAL-TR		gave rise to immediate couse (a) stating the <u>under-lying cause last</u> .	(b). DUE TO, OR AS A CONSEQUENCE (c)			
RECORDS, 201 W.	"PENDING" II EF MEDICAL E SED AS A BURI F HEALTH AND AL, CREMATIO	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PA	RT 1 (a)	
TAL RE-	ORD "PER CHIEF M E USED A T OF HEA URIAL, C	CERTIFICATION	19s. DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED?		20 AUTOPSY?
DIVISION OF VITAL	ING THE WORD "PE DED TO THE CHIEF A E 3 SHOULD BE USED A E DEPARTMENT OF HE DEPARTMENT OF HE OF PROR TO BURIAL,		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH DAY YE EATH P.M. 19	AR 21s. HOW INJURY OCCURRE	D LENTER MATURE OF INJURY IN ITEM 18 PA	
DIVISIC HIS CERTI	WRITING ARDED 1 AGE 3 SH ATE DEPA 1201 PRE	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
WAINER: T	RTIFICATE, BE FORW BE FORW FOR PARTIE ST. MITHE ST. RYLAND, 2	Š	220 I certify that I taak charge	of the remains described above, held an	Suicide , Homicide .	Inquiry . and Undetermined manner .	d in my apinion
	EXECUTE THE CERTIFIC AGGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH TI BALT MORE, MARYLAI	1	ACTUAL SIGNATURE LILE	an P. Jews	Deputy	MEDICAL EXAMINER	DATE SIGNED 1-17-86
MEDI	PAGE 4 TO FUNE AFTER DE BALTIMO		EXAMINER'S NAME WILLIAM	P. Jones, M.D.	ADDRES 695 Amer	ica Crt.Davidsonvil	le, Md. 21035
	D	The B	BURIA JE J	AN 20, 1986 Mend	al no se (sur	Elkridge	Howard mel
	DHMH - 17	24.71	INERAL DIRECTOR	ADDRESS OF	LOW BUTHE DATE	REC'D. BY REGISTRAL 256 REGIS	STRAR'S SIGNATURE
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Arlington, Va. 22201

(VR A15 ME (5))

STATE OF MARYLAND

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STATE OF MARYLAND & 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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U	1 -	REGISTRAR			CERTIF	ICATE OF DEAT	rh .	REG.	NO.		
		CEASED NAME FIRST		MIDDLE		LAST		20. DATE OF DEATH		DAY YEAR	26 HOUR
И	(TYPE	WILLIAM			LEV	VIS	- 4		1	30 1986	M
	3 SEX	X	4 RACE		5. DATE			AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	
		MALE	В	LACK	2		920	65	Y	RS. MONTHS DAYS	HOURS MIN
9		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D X NEVER MARR	RIED 🗍	BALTIMORE CITY	OR COU	NTY OF DEATH	
		GEORGIA	U.	S. A.	WIDOW			ANNE ARU		COUNTY	MD.
9		EN BURNIE		HEACILITY GIVE STREET		OR OTHER INSTITUT		120 USUAL OCCUPA (14PE OF WORK FOR MOS CEMENT FIN	T OF WORKI	NG LIFE INDUSTRY	
X		AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LI	IMITS?	3e STREET ADDRESS	S / ZIP C	6572 B	coker Ave.
2	-	ARYLAND GLEN	BURNIE			YES NO	X	Glen Burn	ie,	Maryland	21061
6	14 FA	SAMUEL	MIDDLE	ME ADOWS	6	15 MOTHER'S MA		E MIDDLE		Unk	ast Nown
1		VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT		6572 B	Ker	Avenue	21061
		NO	e man on oares,	259-07-69	528	Barbara L	ewis	Glen	Burn	ie, Mary	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per	line for ioi, (b), one	dicel	1	1	-		APPRO BETWEEN	NIMATE INTERVAL
			TE CAUSE (0)	Candi	ac	Hrres!					
		March 1987	DUE TO, O	R AS A CONSEQUE	NCE OF	1	. 4	+1			
		Conditions, if ony, which	(16)	Conge	25/108	Landi	0m40.	palhy			
		gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE	MCE OF	· · · /- T	_ /,	11.0	. 1.	7	
		underlying couse lost.	(c)_	Symp	omal	ic Venh	11 cular	7achy	and/	a	
ī	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CO	NOITION	GIVEN IN PART 1	0
,	ē							Tanzanswa	Lani I	E VEC WEEK EN IN	
2	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIC	N WAS PERFORME	D	200 AUTOPSY?		F YES, WERE FIND ERTIFYING CAUSE YES	
	ERT	210 ACCIDENT WAS UNDERLYING	21b. TIME C	FINJURY		21c HOW INJURY	Y OCCURRE		JURY IN ITER		140
7		OR CONTRIBUTING CAUSE OF DE	ALIA .	M. MONTH DA							
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	21e. PLACE	M. OF INJURY	19	211 LOCATION					
	ME	WHILE NOT WHILE I	(AT HOME STI	REET FACTORY, OFFICE, F	ARM ETC 1	STREET		CITY OR	IOWN	COUNTY	STATE
		22a.1 certify that (1) (this hosp	ital) attended th	e decensed from	Ju	14 10	. 85	10 1/3	Ò	10 86	that A (we) last
		sow the deceased alive or above, (1) (we) (did) (did no	Jan	Jary 19	86	nd that in my (our)) opinion de	eoth occurred on the	date and	hour and from th	e couses stated
		22b. SIGNATURE	4. h	M.0			NDING _		AFF	1	E SIGNED
1		224. PHYSICIAN'S NAME (TYPE)	OR PRINT)	110)	22e ADDRESS	SICIAN 🗾	DIRECTOR PHYS	ICIAN L	- //	2710
/		Dr. Emerson		n, Jr.		6666	Sec	ustry Ble	di	Ballo- M.	1.21207
		BURIAL, CREMATION, REMOVAL	236 DATE	23c N	NAME OF	EMETERY OR CREM	AATORY	23d LOCATION		COUNTY	STATE
		Burial	2/04/1			ark Cemet				Howard,	Maryland
		YNERTHERE & Sons I					250. DATE			GISTRAR'S SIGNA	
		01 Gwynns Fall:				. 21216	FEE	3 0 3 1986	4 11	A VOLUTUROV	Market

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the buriol-transit permit. Then please remove corbanpapers with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT If them 21 is marked or them 18 grows any injury, or other troumatic event, the

1013086	1 - STATE REGISTRAR
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STATE OF MARYLAND B CERTIFICATE OF DEATH

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REG. NO.

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N		CHASED NAME HARRY	THEODORE		KLITER	JANUARY	7, 1986	525 A
	1. SE	C	4 RACE	5 DATE	OF BIRTH	& AGE (IN YEARS LAST BATHDAY)	FUNDERLYCAR HONTHE DAYS	FUNCKING.
21		Male	White	June		70 Y#5		
35		ATHPLACE INSTERNION OF THE CONTROL OF T	USA	MARRIE WIDOW	ED NEVER MARRIED	ANNE ARUNI		TY MD.
34	10. CI	GLEN BURNIE	"NORTH ARUNTH			The USUAL OCCUPATION THE OF WORK FOR MOST OF WORKING Chauffer		Co.
35	134.5	TATE IDECOU	A Co. Hanover	ADMISSIONI N	THE INSIDE CITY LIMITS? YES NO X	7399 So. Afton	DE 21076	5
110	14. 54	THER'S NAME	Middle 1661		15 MOTHER'S MAIDEN NA	VME.		
CELL	H	arry	T. Licklin	ter	Laura	I.	Col.	lins
37		VAS DECEASED EVEN IN U.S. AR		RITY NO.	II. INFORMANT (Wi	fe) ADDRESS	-	
3 1	- 6		212.07.	9927	0.77		as 13	
cher trainatic event, a		PARTI DEATH WAS CAUSE	DUE TO, OR AS A CONSESSOR	eu Vo	n di	The	Thom	Ch Ch
mjary, or	ATION	PART 2 OTHER SUPPLICANT	CONDITIONS CONTRICTING TO	DEATH BUT	KNOWELATED THE TERM	MINAL DISEASE OF CONDITIONS	SC O	D
9	CERTIFICAT	19s DATE OF OPERATION	16. CONDITION FOR WHICH	CIPERATIC	DN WAS PERFORMED	IN CERT	ES, WERE FINDIN TIFYING CAUSES YES [
19	200	21a: ACCIDENT WAS UNDERLYING [DE CONTRIBUTING [] CAUSE OF BE IF ETHER NOTEY MESTAL EXAMINE	HOUR A.M. MONTH DA	Y YEAR	TIL HOW INJURY OCCUR	MED (SHIP HATHE OF AGAIN HATELA IS	PHR J DEPMENT	
100	MEDICAL	ZIA INJURY OCCURRED	21s. PLACE OF INJURY		ZII. LOCATION	CITY OF TOWN	COUNTY	MATE
kod	ž	WHEE ALL NOT WHEE TO WORK IN	CATHOME STREET, ACTOM OFFICE, A	AUN, CTC.)	20462		01	1150
tem 21 is mo		27s I certify that (II (this legs)	itali attented the disclosed from _	86.	nd that in (my) (our) opinion DEGREE	death occurred on the date and he	our and from the	that (II (we) last
T. F. W.	1	X	Hell		ATTENDING PHYSICIAN	MEDICAL STAFF	1/9	186
MADRIANI		ANASTACIO	E. SUBONG, M.D.		27e ADDRESS Z	JRNIE, MARYLAND		
100		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	January 10, M	orela	cemetery or crematory and Mem. Park	23d LOCATION CITY OR TOWN Balto	COUNTY	State lary Land
DM 7/84		INERAL DIRECTOR NAME ingleton Funera	ADDRESS ADDRESS B	urnie	, Maryland	TE-REC'D, BY REGISTRATE SHEET	MARKE SUA	undalike

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Margin Male Comment

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

REG NO 20 DATE OF DEATH TANHARY 1086 9 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARIMDEL COLIVITY 126 KIND OF BUSINESS OR INDUSTRY 13e STREET ADDRESS / ZIP CODE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20n AUTOPSY? 206. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO CITY OR TOWN COUNTY and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED

7845 OAKWOOD ROAD SUITE 204

CIEN DUDNIE MADVIAND

D FUNERAL hould be deta ORTANT DHMH - 16 60M 7/84 (VRA 15, 4)

22d PHYSICIAN'S NAME

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

CHARLES I

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017138	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND REALTH AND MENTAL HY CICATE OF DEATH	GIENE O	0 2	1 4 E	ES'I
011		CEASED NAME FIRST	MI	DDLE		AST	20 DATE OF DEATH N	NONTH DA	Y YEAR 26 HOUR	
may be r. page 3		SIMO		VDREW		INK	JANUA		2, 1986 103	0
4 mg	3. SE	(4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIRTH	DAY	UNDER LYEAR IF UNDER 24 HR	S.
oge oge ours o		Male	White		Apri	1 1, 1902	83	YRS		
deoth. P		RTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	United	States	MARRIE				DE CONTRACTO	MD.
rs ofter o		TY OR TOWN OF DEATH GLEN BURN	(IF NOT IN SUCH	OSPITAL, NURSI FACILITY, GIVE STREE RTH ARUN	T ADDRESS)	OR OTHER INSTITUTION OSPITAL	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Optician		126. KIND OF BUSINESS COINDUSTRY Health	R
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours open, and the condition of the fill work. wol. ii. It is presented to the condition of the condition	13a 3		OUNTY	Pasader	NN	13d INSIDE CITY LIMITS? YES NO NO NOTHER'S MAIDEN N	13e STREET ADDRESS /		21122	
MARY MARY		John	MIDDLE L	ink (AST		Theresa	MIDDIE		Tenner	
IMORE,		VAS DECEASED EVER IN U.S	S. GIVE WAR OR DATES)	166 SOCIAL SEC 213=03-0		Carol A. S	addres chneider / Pa	195 1	Diana Dr. a, Md. 21122	
		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	only one cause per li SUSED BY	CARDIA	nd ic II	CREST			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	н .
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN. The low requires that the death certifications physician. Ifter this certificate has been signed by the attending plass the burial-transit permit. Then please remove carbong than and Mental Hygiene prior to burial, cremation, or remained mental Hygiene prior to burial, cremation, or remained or them 18 shows any injury, or other traumatic even		Conditions, if ony, whic	DUE TO, OR			OF VALUE OF A	SCIEROTIC	CARC		
that the that the cose remonstrate of cremons of the cost of the c		couse to, stating the	DUE TO, OR	as a conseol	JENCE OF		9.0		DISAN	
RDS, 20 equires n signed Then plk to burk	NO	PART 2 OTHER SIGNIFICA	FALLIRAS	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COND	TION GIVEN	N IN PART Tra	
TAL RECOI	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, YES	WERE FINDINGS USED ING CAUSES OF DEATH?	
N OF VITAL SICIAN The ag physician certificate hinal-transit gental Hygier litem 18 show		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEET CONTRIBUTION MEDICAL EXA	F DEATH HOUR A.M	MONTH D	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PAR	T ! OR PART 2)	
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END ologo OR A Heal		22a.1 certify that (I) (this h sow the deceased alive above, (I) (we) (did) (1)	e an 1/12	19	3 2	nd that in (my) (our) apinio	, ta	e ond hour r	that (I) (we) lo)s†
PITAL OR ATT by the hospin ERAL DIRECTOR se detoched for State Dept of		226 SIGNATURE	nuch	nici deom.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		220. DATE SIGNED	5
HOS Dined FUN Sould It		22d PHYSICIAN'S NAME (YPE OR PRINT)	M D		22e ADDRESS	203 EAST PA		AVENUE	
5 5 5 8 M		URIAL, CREMATION, REMO	VAL 236 DATE	236	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			=
BP		Burial	Jan. 15.	.86 Ne	w Cati	hedral Cemeto	ery Baltimore		- Marvland	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	McCully Fune	32	204 Mour Pasader	ntain	Rd. 250 D	AN 1 4 1986	SE REGISTRA		

W. C. Walter

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIEND

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1	,1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HEAC CERTIFICATE OF DEATH	REG. NO.	2 1 5	
)		CEASED NAME FIRST EOR PRINT) ESTE	Robinson	n Lost us	20 DATE OF DEATH MONT	- 16 - 86 _	HOUR 5: 12.M
	3 SE	female	4. RACE White	5. DATE OF BIRTH MONTH DAY YEAR 24 99		MONTHS DAYS HO	UNDER 24 HRS
1	n	IRTHPLACE (STATE-GREGOR FOREIGN OUNTRY) AT ULAN d ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR CO A. A 120 USUAL OCCUPATION	1126 KIND OF BU	MD.
2	1 _{PC}	AL RESIDENCE (IF NURSING HOME O	Fairfield Nurs!	address) g (enter Edmission)	Office Work for most of work	KINGLIFE) INDUSTRY Secret	
7	M	ATHER'S NAME FIRST	NIA CVOLUDSV	13d. INSIDE CITY LIMITS?		11 0000	bad
1	140 V	PONGE WAS DECEASED FOR IN U.S. A	1- Kobins		ADDREAS A	Trite	1
	100	YES MOLUNKNOWN) (IF YES G	219-12-2	18 Elsie L. R	reardmore.	OKIDOUT Annapolism	11751A01
	J	PART I. DEATH WAS CAUS	nly one couse per line for Io I. (b), or ED BY: TE CAUSE IO)	Posto mustino	il bleed R	BETWEEN ONSE	T AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEOU		8,7		
		PART 2 NIHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART 110	- 1-
1	NOI	Holason	2 Housins				
1	RTIFICATION	190 DATE ON OPERATION		OPERATION WAS PERFORMED	YES NOT		
2	ICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR 19	IN	CERTIFYING CAUSES OF YES \(\bigcap \)	DEATH?
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

MPORTANT: If them 21 is

OR ATTENDING PHYSICIAN The low

retoined by the hospital or

TO HOSPITAL

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 trefained by the hospital &r attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campitien. Itilian in by the fashiolation should be detached for use as the burial-transit permit. Then please remave carbonpapers from and 2 for a filed within 7 min min, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. IMPORTANT: If them 21 is marked or them 18 staves any injury, an other traumatic event, the adical materials and interesting a policy.
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BP. DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	1 -	FOR STATE REGISTRAR		DEPARTN		EALTH AND M			REG. NO.				
		CEASED NAME FIRST	,	MIDDLE	l	AST .		20. DATE OF DE		DAY	YEAR	2b HOUR	_
	TYPE	Clare	M:	ann			1	13	86		4.4		
	3. SEX		4. RACE	Р.	5 DATE C			6 AGE (IN YEAR	LAST BIRTHDAY)		RIYEAR	IF UNDER 24 HRS	M
	-	Male	Whit	е	MONTH		YEAR	77		MONTHS	DAYS	HOURS MIN	
	Zu: RII	RTHPLACE ISTATE OR FOREIGN		WHAT COUNTRY?	8	19	80	77 9 BALTIMORE	CITY OR COUN		ATH		_
9	(Maryland		USA		D NEVER M			Arudda				
		TY OR TOWN OF DEATH	1	HOSPITAL NURSIN	WIDOWE		ORCED	120. USUAL OCC			KIND OF	BUSINESS O	D.
	1	Arnold	817 H	armony Av	ADDRESS) Venue	onex mon	1011071		R MOST OF WORKING		USTRY	003114233 ()	_
1	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		GIVE RESIDENCE BEFORE 134. CITY OR TOW Baltimor	N		NO 🗌		est 38th		21	211	
34	II FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S	MAIDEN NAM		IDDLE		LAST		
71	/	Lewis		Mann			ice					nown)	
5		VAS DECEASED EVER IN U.S. AI		166 SOCIAL SECU	RITY NO.	17. INFORMAN	IT		ADDRESS			1211	
4		res, no or unknown) (if yes, gi	VE WAR OR DATES)	216-09-4	1544	Mr. Cl	arence	Mann,	Jr. 1110	O W.	38th		
1		18 CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										MATE INTERVAL	
				Res	prad	tory 1	ANDE			n	minutes_		
	-3	IMMEDIA	TE CAUSE (a)		d)						()	
		Conditions, if ony, which (16) METER STEELE PROSTECTE CARCINOMA								2001	ths		
		gave rise to immediate	16)	- Milocs	3-63/6		00000					-	_
		cause (a), stating the Underlying cause last DUE TO, OR AS A CONSEQUENCE OF						10					
		(c)									=		
	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
10	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FO			HICH OPERATION WAS PERFORMED			200 AUTOPS	Y? 206 F	YES, WERI	EFINDIN	IGS USED	-
1	FC.	DATE OF OPERATION	170 COND	TION FOR WITHOUT	OFERANO	IN WASTERIOR	MED		IN CEI	RTIFYING		OF DEATH?	
and a	RTI	ar accommunication of the	7 216 TIME O	E INTUINY				RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)				NO []	
1	Ü	OR CONTRIBUTING CAUSE OF DE	- 110110 1	M. MONTH DA	YEAR	ZIC NOW INJ	ORT OCCUR	CED LENTER NATUR	E OF INJURY IN HEW	18 PART I OR	rantz)		
	CA	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P		19								
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY OFFICE, F.	ARM, ETC }	211. LOCATIO	N		ITY OR TOWN	(0	VINTY	STATE	
		220.1 certify that (1) this hosp	ital) attended th	e deceased from_	1011	185	. 19 8	to_Pr	esent	19		tha (II) we) k)st
	2.30	sow the deceased alive all above (IV(we) (did) (did n	Dec	6 19 19 19 19 19 19 19 19 19 19 19 19 19	85	nd that in my	our) opinion	death accurred a	in the date and	hour and I	om the	couses stated	
		22h SIGNATURE	To view the Bddy	arrer deam.		DEGREE	- 70			22	C. DATE	SIGNED	-
		Phuroll	sell		-	10 AT	TENDING HYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN		1/13	186	
7		224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS		1.1			1.0		
	100	ROBERT KO	EHIER			780 Ri	the l	thehway	Seve	rna Pa	vk,	MO	
-	23c B	BURIAL, CREMATION, REMOVA		1 23. N	NAME OF C	EMETERY OR C	REMATORY	I23d LOCATE					-
	230 D	SPECIFY)	1/16/	00				CITY OR	TOWN	COUP		STATE	
	24 FI	Burial	1, ,,	I M		ridge M		E REC'D. BY REC	SISTRARIZED REC	GISTRAR'S		ryland	_
	7)	NAME	0 1 **	ADDRESS		21211	I ST DAT	IANI 4 A		ma Da			2-
	M.	A. Alan Seitz Funeral Home 3818 Roland Ave. JAN 14 1980											

028076 in by the funeral director page 3 ie filed within 72 hours after death

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL ATGIEND CERTIFICATE OF DEATH

	1	REGISTRAR		CERTIFICATE OF PEATIF	REG. NO.
//		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
be oth	TYPE	Jess	sie A.	Manning	Jan. 22, 1986 1:30 km.
e e	3. SE	(4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		Female	Caucasian	July 14, 1894	91 YRS MONTHS CATS HOURS MIN.
Pour House		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
death		ew York	USA	WIDOWED XX DIVORCED	Anne Arundel MD
by the fu		TY OR TOWN OF DEATH Millersville	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET / Knollwood Manor		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) NOMETIAL TO THE PROPERTY OF THE
filled in	13a S	TATE 136 COUN	ogher institution give residence before 13c. CITY OR TOWN Georges Bowie		13. STREET, ADDRESS / ZIP CODE 4704 Rocky Spring Lane 20715
mpletely mpletely	114. F.A	THER'S NAME FIRST Frank	MIDDLE LAST MILLS	15 MOTHER'S MAIDEN NA	zabeth VanWort
d co		VAS DECEASED EVER IN U.S. AR		RITY NO. 17 INFORMANT	ADDRESS
on on on Po	1	res no or unknown) (IF YES, GIV	051-20-0	182A Herbert L. Ma	anning same as 13e
sicio ppers vol.		18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), and		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ntific on po emov		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (D) CAIGI	a Mest	
ding or r			DUE TO, OR AS A CONSEQUE	INCE OF A	
death		Conditions, if any, which	(b) Com	ses The Heart	Fulle
he o emo		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE		1
by the state of the other		underlying cause last	DUE TO, OR AS A CONSEQUE	use mocking	leas Intercha
peled Urio		PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 110
Then Then to b	NO O				
beer mit	X	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	206 AUTOPSY? 206 IF YES, WERE FINDINGS USED
hos hos	CERTIFICATION				YES NO XX YES NO NO
Vsica ysica onsid Ayga	SH SH	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
phy phy rtific phy		OR CONTRIBUTING CAUSE OF DEA			
YSK ding s ce suric	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19 211 LOCATION	
the the	ME	WHILE NOT WHILE	(AT HOME STREET FACTORY OFFICE F		CITY OR TOWN COUNTY STATE
ING OS ITH Ork		AT WORK AT WORK		1111101	D >2 +6
NS USE			tol) attended the deceased from_	PL 19	to that (It (we) last
Spirit Sp		saw the deceased alive an above, (1) (we) (did) (alid) and	view the bady after death.	, and that in (my) touch opinion	death occurred on the date and hour and from the causes stated
DIRE Chec Chec Chec Chec Chec Chec Chec Chec		276. SIGNATURE	1 1 n	DEGREE	220. DATE SIGNED
AL DAL Date Date Date Date Date Date Date Date	0.15	1/V	well Im	ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN 1/23/86
HOSPITAL HOSPITAL HOBE del HOBE del ORTANT:		274 PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS	11 (- 1. ())
TO HOSP retained TO FUNI should bi with the		Paul	J. KHUDEJ	MO 1667 CNUT	to Certe Crytan Md.
D € 5 € 3 ₹		SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION (MY ORTOWN COUNTY STATE
BP		Burial		rkins Chapel Cemet	ery Glenn Dale, Maryland
DHMH - 16 60M 7/84	24 FU	INERAL DIRECTOR	Ball 16000	Annapolis Rd. 25a PAT	FRESD. AMPRISIS BAR 256 REGISTRAR COMPANY MICHAEL
(VRA 15, 4)	Be	all Funeral Ho	Bowie,	, Maryland JA	11 4 - 11

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3. SEX

Male

Maryland

70. BIRTHPLACE (STATE OR FOREIGN

Maryland

10 CITY OR TOWN OF DEATH

Davidsonville
USUAL RESIDENCE (IF NURSING HOME130 STATE 113b COL

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prior to buriof, cremotian, or removal

injury, or other troumotic event,

MPORTANT: If them 21 is marked or them

230 BURIAL

Robert

Burial

24 FUNERAL DIRECTOR

E. Evans

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physishould be detached for use as the burial-transit permit. Then please remove carban papewith the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal

FOR - STATE REGISTRAR DECEASED NAME MIDDLE TYPE OR PRINTI

4. RACE

3559

SING HOME OR OTHER INSTITUTION GIVE RESIDE Anne Arundel

236. DATE

1-17-86

Annapolis, Maryland

Caucasian

76 CITIZEN OF WHAT CO

USA NAME OF HOSPITAL

(IF NOT IN SUCH FACILITY,

Patux

DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	6 O REG. N	0 2	! 8	
l.	Mayr	Man 13	MONTH DA	36	12 NOM
5. DATE O	DAY YEAR	73	YRS	UNDER TYEAR	IF UNDER 24 HRS
WIDOWE		Anne Ar	undel,		MD.
sent Rive	er Road	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Postmast	OF WORKING (IFE)	INDUSTRY	al Ser.
or town avidson		3559 Pat	uxent	River	Road
ayr	Lidwina	Greis	el	LAST	21035
12-2717	Mary B. Mag	yr same a		Wi	fe
o), (b), ond (c)	Tioma			BETYLEN O	MINITERVALLE MINISET AND DEVI
DNSEOUENCE OF	Confirmed	by cat	Scan		
DNSEQUENCE OF		1			
ressur	NOT RELATED TO THE TERM.				
R WHICH OPERATION	WAS BERFORMED	200 AUTOPSY?	206. IF YES, V	NERE FINDIN NG CAUSES (GS USED OF DEATH?

23d LOCATION

dur Lady Of Sorrows Owensville, A.A. Machander Church Cemete by Date REC D. BY REGISTRAR 255. REGISTRAR S SIGNATURE IS. Marvland

Maryland

14. F	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NAME		21035
	Josef	A.	Mayr	Lidwina	Greisel	LAST
		IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
	no	, , , , , , , , , , , , , , , , , , , ,	219-12-2717	Mary B. Mayr	same as 13e	Wife
ATION	Conditions, if any, gave rise to imm cause (o), statin underlying couse	DUE TO, CO which bediate g the lost. (c) lost. (c)	OR AS A CONSEQUENCE OF	NOT RELATED TO THE TERMINAL		APPROXIMATE INTEVAL BETYPEN ONSET AND DEPA O MICO N IN PART To
CERTIFICATION			No ope	ration.		NG CAUSES OF DEATH?
-	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH HOUR A	M. MONTH DAY YEAR	21c HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 PAR	T OR PART 2)
MEDICAL	WHILE NOT WHAT WORK	(AT HOME ST	OF INJURY REET FACTORY OFFICE, FARM ETC.)	21f LOCATION STREET	90000	COUNTY STATE
		(this hospital) attended the	7	nd that (my) our) apinian death	to19 h accurred on the dote and haur o	that (1) (we) last and from the couses stated
	THE SENATOR TO	Merts		ATTENDING MPHYSICIAN DI	EDICAL STAFF RECTOR PHYSICIAN	1/13/86

NAME OF CEMETERY OR CREMATORY

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

etained by the haspital or atte

ATTENDING

O HOSPITAL

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND & 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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098	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
5 to by the funeral director page 3 by filed — that 72 hours after gleath. Be raphered offer	7a BI	SAM THPLACE ISTATE OR FOREIGN TY OR TOWN OF DEATH TO REPORT S	MIDDLE WAR BR 4. RACE S. DATE O MONTH 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWE! 11. NAME OF HOSPITAL, NURSING HOME O HOSPITAL, NURSING HOME O HOSPITAL, NURSING HOME O OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	AST ATTHE Y OF BIRTH DAY 1878 DEVELOPMENT OF BIRTH DIVERMARRIED DIVORCED DIVORCED	6 AGE (IN YEARS LAST BIRTING PROPERTY OF PARTY O	MONTH DAY YEAR 15 HOUR 20 86 100 PHDAY) IF UNDER LYEAR IF UNDER 24 HR YRS DAYS HOURS MIK R COUNTY OF DEATH 126 KIND OF BUSINESS OF FWORKING LIFE) INDUSTRY.	M N.		
Interpretation of the control of the	14. FA	VAS DECEASED EVER IN U.S. AR/	MIDDLE MCBritney MED FORCES? 166, SOCIAL SECURITY NO. 18-09-0201	YES NO X 15 MOTHER'S MAIDEN NAME OF THE PROPERTY N	16726	Reath same as	<u>d</u>		
i iigosa by the attending prys. Hell pleate remark carbon apply to buriel, cremation or remark. elury, or ather traumatic seent,	NO	18 CAUSE OF DEATH IEnter only one couse per line for Ia1. (b), and Ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o							
and from but, but, but, but, but, but, but, but,	CAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH DAY YEAR	N WAS PERFORMED	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO SYMMETRIAL OR PART 2)			
DIRECTOR After this scheduler at Health and Medited by the other than the think and Medited at 1 the marked at 1 them.	MEDICAL	21d INJURY OCCURRED NOT WHILE AT WORK 220-1 certify that (1) (this hospit saw the deceased alive on.	The PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM ETC.) tal) attended the deceased fram	DEGREE		that (I) (we) lote and hour and from the causes stated	ast		
Neuld be detected to the State Day of th	23a I	224 PHYSICIAN'S NAME ITYPEO WILLIAM SURIAL, CREMATION, REMOVAL	A Dabbs MD. 1236. DATE 1236 NAME OF CH	ATTENDING PHYSICIAN PHYSIC	PHYSIC DELECTOR DELEC		_		
16 60M 7/84 RA 15, 4	25/F	JNERAL DIRECTOR	of Chand Poner	250. DAT	AN 2 9 1386	256. REGISTRAR'S SIGNATURE			

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200	66	FOR - STATE REGISTRAR			DEPARTM	NENT OF H	OF MARYLAND EALTH AND MENTAL HYC	GIENE O	0 2	2 0	EST
led white it has bleed and bleed the control of the		DECEASED NAME FIRST		HAROLD MCKELDIN		2ª DATE OF DEATH JANUA		21	505F		
		3 SEX		4 RACE S DATE O			6. AGE (IN YEARS LAST B			FUNDER 74 HRS	
		Male		White		Aug. 24, 1915		70	YRS	RIHS DATS H	HOURS MIN.
		70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Balto. Md.		76. CITIZEN OF WHAT COUNTRY? USA		MARRIED MEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY MD			
		GLEN BURNIE		11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCHEAUTH ARUNDEL HOS		ROTHER INSTITUTION PITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Machi	OF WORKING (IFE)	126 KIND OF B		
tilled in	36					N I	e YES NO 29 Marle		ESS / ZIP CODE by Neck Rd. 21061		
complete	www.	14 FATHER'S NAM FIRST George		MIDDLE R.	McKel	din	Helen	B.		Hoffman	1
n ond co	medical	YES NO OR UNKN	OWN) (IF YES, G	RMED FORCES? IVE WAR OR DATES) WWII	212.05.		Mrs. Gerald	Wife ADDR		Same as	: 13
Or Frish, while the law requires had necestrated placed by the attending place to certificate the cardiocape and the best set bloods to be about of the attending place to the buriol, cremotion, or removed or frem the dor them 18 shows any injury, or other troumatic every end of them 18 shows any injury, or other troumatic every contract them.	oriar to burial, cremotion, ar ren	gave rise couse (o) underlying	if ony, which to immediate stating the couse lost	DUE TO, C	OR AS A CONSEQUE CONTRIBUTING TO D DITION FOR WHICH	NCE SY)	Ac Condin	ear ovoral la la annal disease or con	20b. IF YES, W	VERE FINDING	by teais
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George J. Gonce Baltimore Md. 21225

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(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ctor. po	3 SE	Female	White	S. DATE OF	12 1888		97 YRS. MO	NIHS DAYS HO	UNDER 24 HRS
	u	est Virginia	VSA	WIDOWED	NEVER MARRIED DIVORCED	HNN	e Al	und	e/MD.
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TOR. for us of He		220.1 certify that (I) (this hospit	tol) ottended the deceased from 19.	6 1	that in my lour) opinio	n death occurred on the	,	, that	(l) twe) lost ses stoted
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O HOSPITAL efoined by the FFAL FEAL FEAL FEAL FEAL FEAL FEAL FEAL		220 PHYSICIAN'S NAME ITYPE OF	F Dabbs		703	Gidding	Ave	Annay	20/15
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	HOSPITAL ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 2.2 In 10. often) FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, ould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within 72 hours after

39		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	2 2 3 EST
16		OR PRINT)	MIDDIE	LAST	A. DATE OF BEATT	AT YEAR 26 HOUR
19	3 SE)		Albert	MCNEELY S. DATE OF BIRTH	JANUARY 1	1. 1985 1022M A
		Male	Cauc.	Dec. 18, 1923	62 YRS	ONTHS DAYS HOURS MIN.
49		RTHPLACE (STATE OR FOREIGN OUNTRY) Georgia	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNT	
54	10 CI	OLEN BURNIE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUND)	G HOME OR OTHER INSTITUTION ADDRESS) EL HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Painter	126 KIND OF BUSINESS OR INDUSTRY Retired
33	13a S	THER'S NAME	G. Upper M	N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 1077 Largo Rome	20772
1/01	2	Hugh	McNeely	Ludie	MIDDIE	Johnson
medicol	160 V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU		ADDRESS 37 McNeely Seve	2 Anna Ct.
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ked or l	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE F	ARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
m 21 is ma		saw the deceased alive or above, (1) (we) (did) (did no	at view the body after death!	ond that in (my) (dur) opinion	death occurred on the date and haur	
ANT. # Her		226 SIGNATURE	@ 1/gD	DEGREE ATTENDING PHYSICIAN &	MEDICAL STAFF DIRECTOR PHYSICIAN	1/1/82
MPORTAN		IRA E. KA	PLAN, M.D.		7845 OAKWOOD ROAD URNIE, MARYLAND 2	,
IMPORT	{	URIAL, CREMATION, REMOVAL SPECIFY) Burial		name of cemetery or crematory t. Lincoln	Brentwood	Pour Marie
A 7/B4	24 FL	Rendon/Hale 9013 Annapol	Lanham Funera	1 Home	e rec'd. by registrar 255, registr N 1 6 1986	AR'S SIGNATURE

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21071		FOR STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL RYC RTIFICATE OF DEATH	REG. NO.	2 2 4
A copy of		CEASED NAME FIRST OF PRINT) FLODENCE 14 RACE		Mc Pherson	2a. DATE OF DEATH MONTH A N 6 AGE (IN YEARS O'L BIRTHDAY)	DAY YEAR 26 HOUR 8 1986 A A.M.
Pope 4.		TRITHPLACE (STATE OR FOREIGN 76. CITIZ	ZEN OF WHAT COUNTRY? 8.	NONTH 28 /8 95	9 0 YR 9 BALTIMORE CITY OR COUR	MONTHS DATS HOURS MIN
The factor of th			ME OF HOSPITAL, NURSING HO		12g USUAL OCCUPATION LIVE OF WORK FOR MOSLOS MORKIN	MD 12b. KIND OF BUSINESS OR INDUSTRY
s hours at	USU	NNAPOLIS AL RESIDENCE (IF NURSING HOME OR OTHER INSTATE 13b COUNTY	8 Adams TITUTION GIVE RESIDENCE BEFORE ADMIS	SION)	DomeSte	
mpletely filled and 2 should	14. F ₂	THER'S NAME MIDDLE	ANNI Apolis	15. MONHER'S MAIDEN NA	308 Adams S	DAU'S
Pages 1 o		/AS DECEASED EVER IN U.S. ARMED FO		HLICE NO. 17 INFORMANT 69 VEOLAM.	GANTT SAME	AS 13E
physicia npopers. moval.		18 CAUSE OF DEATH IEnter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUS		u death		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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low requires to been signer or principle of the pile o	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION () OF OPERATION () 196	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM LULY ATION WAS PERFORMED	20a AUTOPSY? 20b. IF	GIVEN IN PART To YES, WERE FINDINGS USED ITIFYING CAUSES OF DEATH?
CAN The Control of th			TIME OF INJURY DUR A.M. MONTH DAY Y P.M.	EAR 216. HOW INJURY OCCURI	YES NO RED { ENTER NATURE OF INJURY IN ITEM	YES NO
her this con the box he and Me	MEDICAL	21d INJURY OCCURRED WHILE NOTWHILE AT WORK (AT)	PLACE OF INJURY HOME, STREET FACTORY OFFICE FARM ET	21f LOCATION	CITY OR TOWN	COUNTY STATE
ATTENDA Started on ECTOR A differ one of the other of the other othe		22a.1 certify that (1) (this haspital) atter			death occurred on the dote and l	, 19 30 , the (1) we) last nour and from the causes stated
PITAL OR PERAL OR STATE DES		12th SIGNATURE, 22d. PHYSICIAN'S NAME (TYRE OR RINNT)	ns	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	119196
TO HOSPITAL continued by 11 TO FUNERAL should be der with the State UMPORTANT.	122-1	genge (.)	AMARAS	200 ADDRESS PULL	legely Ave	Arrapulis mi
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DHMH - 16 50M 4/83 (VRA 15, 4)

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FOR

STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE CERTIFICATE OF DEATH

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	RE	GISTRAR				CERTIF	CATE OF DEATH		REG. NO.			
3		SED NAME	FiR51	1-1-	WIDDLE	l.	AST	2a DATE	OF DEATH MO	NTH DAY	YEAR	26 HOUR
	(1745.00)	SPL	JADOE	*		ME	RANO		-121	1 30	1986	
	3. SEX	Male	4	RACE	te	5. DATE C	9 1895	6. AGE (1	IN YEARS LAST BIRTHD	YRS HU		IF UNDER 24 HI HOURS MI
1/	Te BIRDA	DAM N	OREIGN 72	CITIZENOF	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BACIA	ne Ar	Unde	DEATH	
10	An	Napolis	TH		DO/15 COL	Wale.	SCENT CENTA	- Mai	ALOCCUPATION YOUR FOR MOST OF W	ORKING LIFE)	HEXIND OF INDUSTRY	
43	Da STA	ESIDENCE (IF NURS	HE HOMA ON ON	7.	CITY OR TOW		HA INSIDE CITY LIMITS?	Day	PAPPRESS / E	P CODE	214	403
2		R'S NAME.	Unk	ogne S	(AS)		15 MOTHER'S MAIDEN I	NAME (In KIDOLE		LAST	
siles /		DECEASED EVER		ED FORCES? WAR OR DATES)	090-05-		Joseph 1	Lauri	cella	Sexu	BOX =	348
vent, the	18	PART I. DEATH W	1 (Enter only AS CAUSED IMMEDIATE	BY:	r line for (a), (b), ar	5e	PSIS				BETWEEN ON	HLS
jary, or other tro	9 0 0	onditions, if any, ave rise to imm ouse (a), statin nderlying cause	nediate g the last.	(c)_	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISE		-	IN PART Tra	
17	× L	DATE OF OPERAL	ION	19b. COND	TION FOR WHICH		N WAS PERFORMED		JTOPSY? 2	Ob. IF YES, W	ERE FINDING	
9	0	ACCIDENT WAS UND	AUSE OF DEATH	,	OF INJURY m, MONTH D m.	AY YEAR	21c HOW INJURY OCC	URRED (ENTER	NATURE OF INJURY II	NITEM 18 PART	OR PART ?)	
1	ш	MINJURY OCCURR			OF INJURY IREET, FACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATI
if them 21 is my		saw the decease above, (1) (we) (c	d alive on_		he deceased from	, or	nd that in (my) (aur) opini DEGREE ATTENDING		arred on the date		22c. DATE S	ouses stated
IMPORTANT	22	Many Many	AME / TYPE OR I	PRINT) MIC	hels M	N	PHYSICIAN 1222 ADDRESS		DR PHYSICIA	NG DA	A Y	MI)
M	23a BUS	IAL, CREMATION,	AMOVAL	23b. DATE 2-6-		NAME OF C	EMETERY OR CREMATOR	H	CATION LITY OR TOWN /1	s A	Anort	Ma
4/83		NAME NAME	(114	101	ADDRES	h	1 111	DATE REC'D. B	Y REGISTRAR 25		R'S SIGNATU	

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR		CERTII	ICAIE OF DEATH	REG. N	0		ES	1
V		CEASED NAME FIRST	B FREDER	RIC MILL	ER	20 DATE OF DEATH JANUAR		1986	26 HOUR 353	PIV
	3. SE.	x Male	Caucasian	S. DATE O	H_ DAY YEAR_	6 AGE (IN YEARS LAST BIR		UNDER LYEAR	IF UNDER 24 H	IRS
2		RTHPLACE (STATE OR FOREIGN COUNTRY) Laryland	76 CITIZEN OF WHAT COUN	MARRIE WIDOWI	D X NEVER MARRIED	9 BALTIMORE CITY O	ARUNDEL		Y	MD
4		GLEN BURNIE	11. NAME OF HOSPITAL, NI	PLET PORTOS		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O		12b. KIND O INDUSTRY	F BUSINESS	OR
2	13a S Ma	-				29 Chalmers	ZIP CODE Avenue	e 210	61	
0	14 F A	ATHER'S NAME William (George Mille	r	Is. MOTHER'S MAIDEN NA/ Anna	Christ	ina:	Har	tig	
1		WAS DECEASED EVER IN U.S. AT YES NO OR UNKNOWN)	RMED FORCES? 16b SOCIAL 217-09	SECURITY NO4747	17. INFORMANT Elizabeth F.	Miller 29		s Ave	. 2106	51
	CERTIFICATION	couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	CONDITIONS CONTRIBUTING	G TO DEATH BUT		INAL DISEASE OR CON	DITION GIVEN 20b. IF YES, W IN CERTIFYIN YES I	ERE FINDIN	GS USED	
	MEDICAL CERT	276 SIGNATURE	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY O	19 FFICE, FARM, ETC.) ram	22e ADDRESS 3	CITY OR TO	wn 19. DRIVE	COUNTY to d from the c	STATE hat (I) (we) l auses stated	lost
	(BURIAL CREMATION, REMOVAL SPECIFY Burial UNERAL DIRECTOR	Jan. 24, 1986		Haven 250 DAT	23d LOCATION CITY OR TOWN Glen Burn	c	ounty Arun		Md.
	A	MARCESE INC	1328 Sulp	hur Spr	ing Rd. JA	N Z 3 1980	CH HONDEL	1463A-P	aver a	

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather traumatic event, the TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remave carbon papel with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

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UNISION OF VITAL RECORDS, JOHN TRESTON ST., BALLIMORE, MARTEANOLINE	ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour
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STATE OF MARYLAND STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CERTIFICATE OF DEATH

1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY	GIENE REG. NO.	0 4	la 1		
	CEASED NAME	FIRST	A	AIDDLE	Ī	AST		ONTH DAY	YEAR	2b. HOUR	
{ TYPI	E OR PRINT)	Anton	io	Α.		Morales		1 28	86		M
3. SE	X		4 RACE	37 A . 2 1	S. DATE C		6. AGE (IN YEARS LAST BIRTH			# UNDER 2	
	Male		White		MONTH 5	9 10 A	75	YRS	ITHS DAYS	HOURS	M IN.
	IRTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF			
Pu	erto Rico		U.S	.A.	WIDOWE		Anne	Arunde	el Cou	nty	MD.
	ITY OR TOWN OF DEA Len Burnie	тн	6658 R	HOSPITAL, NURSIN HEACILITY, GIVE STREET Oberts Co	G HOME C ADDRESS) OUT	OR OTHER INSTITUTION	120 USUAL OCCUPATION LIVE OF WORK FOR MOST OF V	N WORKING LIFE)	126 KIND OF INDUSTRY Print		SOR
130	AL RESIDENCE IN NURS STATE LYland	136 COUN	OTHER INSTITUTION,	Give residence before 13c City OR TOWN Glen Bur	nie	13d INSIDE CITY LIMITS? YES NO 🔀	13. STREET ADDRESS / 6058 Rober	ZIP CODE	rt 210	61	
14. F/	Antonio		MIDDLE	Hernande	z	IS. MOTHER'S MAIDEN NA	AME	Bae	ez ^{LAST}		
16a \	WAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU 099-12-7		17. INFORMANT George Pere	z 527 Donald		2114 ve, Se		Md
z	Conditions, if ony, gove rise to imm couse fol, statin underlying cause PART 2 OTHER SIGN	g the lost.	(b)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TER/	Di Se MINAL DISEASE OR CONDI	dioz:	e.	ila	4 —
CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		206 IF YES, W IN CERTIFYIN YES [NG CAUSES		
	21a. ACCIDENT WAS UND OR CONTRIBUTING CO	AUSE OF DE		M. MONTH DA	YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY	THILM IS PART	TORPART 2)		
MEDICAL	21d. INJURY OCCURE WHILE AT WORK NOT WH AT WORK	ILE C	21e. PLACE ((AT HOME. STR	OF INJURY EET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TOW	7	COUNTY	St	Aff
	22a. I certify that (I) sow the decease obove, (I) (we) (c 22a. SIGNATURE	d alive on	10	7 - 19&		nd that in (my) (our) opinion DEGREE GA MENDING WAS LEAN	death occurred on the date		0		
200	22d PHYSICIAN'S NA	R	SUN	KARA	14445 05	14-Well	ham Ave	gle	M Bu	Rni	ė,
	BURIAL, CREMATION,		236 DATE /	86 Ma		EMETERY OR CREMATORY	CHARAGE TI	10 0	OLANTY A	70%	At .

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL O

TO FUNERAL DIRECTOR: Afreshould be detoched for use os with the State Dept of Health

WPORTANT: If Item 21 is morked or Item 18 shows ony

74 FUNERAL DIRECTOR
George J. Gonce 4001 Ritchiers Hgwy Balto Md

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
FFR 0.3 1986 Julia Davidson-Andelle.

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He * CERTIFICATION

MEDIC/

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE EST CERTIFICATE OF DEATH MIDDLE 20. DATE OF DEATH MONTH DAY YEAR 25. HOUR NA JANUARY 30, 1986 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR Oriental 1914 May 71 9 BALTIMORE CITY OR COUNTY OF DEATH 75. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 126, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY NORTH ARUNDEL POSPITAL Homemaker Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 21061 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 106Warwickshire Lane Apt. H NO X Glen Burnie 15. MOTHER'S MAIDEN NAME LAST MIDDLE FIRST Y HO Kim Bok ADDRESS 165. SOCIAL SECURITY NO. 17. INFORMANT (Son) 100 Shortcross Road 217-92-4776 Linthicum, Md.21090 Mr. Kwang C. Na APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

gove rise to immediate couse (a), stating the underlying couse fost.

190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)

21b. TIME OF INJURY

P.M.

21e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

211 LOCATION

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)

YES [

COUNTY STATE

NO T

22a.1 certify that (1) (this hospital) attended the deceased from 1- 20 sow the deceased alive on obove, (I) (we) (did) (did not) yiew the body after death

SANG C. DOH., M.D.

DEGREE ATTENDING

PHYSICIAN PDIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

NOF

CITY OR TOWN

22¢ DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e. ADDRESS

ACUAHART ROAD

GLEN BURNIE, MARYLAND 21061

23a.	BURIAL,	CREMATION, REMOVAL
	(SPECIFY)	Burial

FOR - STATE

(TYPE OR PRINT)

Korea

Maryland

Kwang

No

4. FATHER'S NAME

(YES NO OR UNKNOWN)

3. SEX

REGISTRAR 1. DECEASED NAME

Female

70. BIRTHPLACE I STATE OR FOREIGN

ID. CITY OR TOWN OF DEATH

GLEN BURNIE

FIRST

YE

Korea

4. RACE

13b. COUNTY Anne

Arundel

WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which

210, ACCIDENT WAS UNDERLYING

21d. INJURY OCCURRED

226 SIGNATURE

24. FUNERAL DIRECTOR

OR CONTRIBUTING T CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER

> NOT WHILE AT WORK

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (o

N/A

MYONG

February 1, 1986

23c. NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Pk.

10

23d LOCATION Elkridge

COUNTY Howard Md STATE

DHMH - 16 50M 4/82

ld b

(VRA 15, 4)

0

Glen Burnie, Md. Singleton Funeral Home.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ALATTICE PROTECT AND DESCRIPTION OF THE PROPERTY AND THE TANK PERMITSIAN AND The second of th The second of th 024004

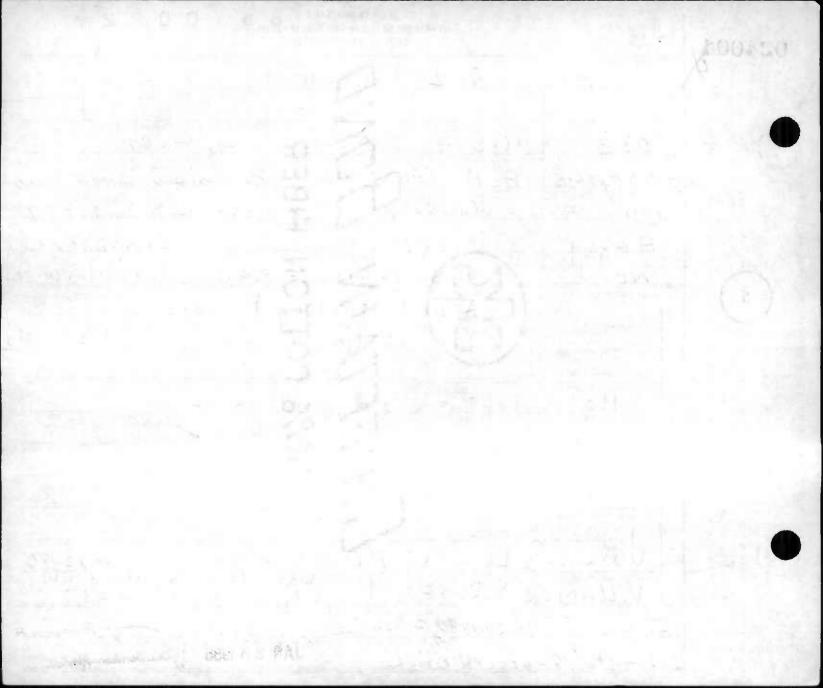
STATE OF MARYLAND STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2

	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH CERTIFICATE			0 4	her i	,
	1 DEC	CEASED NAME FIRST	MIDDLE	LAST		REG. 20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
1	(TYPE	ORPRINT) AD	a BArl	Now	land		1-22-	-86	1:30 M
	1.5EX	1	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST	BIRTHDAY) IF U		IF UNDER 24 HRS
	37	F	W	MONTH S	8-03	80	YRS WON	VINS DATS	HOURS MIN.
2		RTHPLACE ISSUIT OF FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	EVER MARRIED	9 BALTIMORE CITY		DEATH	
		Ohio	U.S.A	WIDOWED	DIVORCED	A	H. Ca)	MD.
2	10.01	TY OR TOWN OF DEATH .	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S	URSING HOME OR OTHE	RINSTITUTION	120 USUAL OCCUPA		12b. KIND OF INDUSTRY	BUSINESS OR
2	14	NAMPOLIS	H. A.	GENETI	7/	BOOK KEE	per	Credi	7 amin
6	13a-5	TATE 136 COUN	ROTHER INSTITUTION GIVE RESIDENCE INTY		SIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE .		
1		md IA.	A - Itage	WA-10 YES [3523 Ceo	Ar Driv	e 21	037
1	7.10	THER'S NAME	MIDDLE D LAST		THER'S MAIDEN NA/	WE	,	LAST	
Ų	25- 15	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL	SECURITY NO. 12-INF	QNN/Q ORMANT	A00	RESS	195h	ore
Н			VE WAR OR DATES)		11 15	011.	1352	3 Cada	Durin
h	-	IVD	306-18	3-8086 me	KINNEFYI	K, NEWLAN	9 2 22		ATE INTERVAL NEET AND DEATH
		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	D BY:	and Pason	ratory	Faily	rs	BETWEEN OF	MEET AND DEATH
	1	IMMEDIA	TE CAUSE (o)	0	0.019	1 00.100		11	
		Canditians, if any, which	DUE TO, OR AS PCONS	JAVE T	h su ma	onia.		1/2	e months
J		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF					
J		underlying cause last.	DOE TO, OR AS A CONS	EGOENCE OF					
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVEN	IN PART 110	
1	LION	Maln	wiritio	~ · H.		en SIOL			
),	CERTIFICATION	1% DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION WAS	PERFORMED	20a AUTOPSY?	20b. IF YES, W	VERE FINDING VG CAUSES C	GS USED OF DEATH?
£,	RTIE					YES NO	YES [NO 🗌
á		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	THE PARTY AND MACHINE	DAY YEAR	JW INJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PART	I OR PART 2)	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)		19	CATION				
	ME	WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET FACTORY OF		STREET	CITY OR	TOWN	COUNTY	STATE
		220 I certify that (I) (this hospi	tell ettended the deserred to		10		TO		hat (I (we) last
		saw the deceased alive an	1		n (my) (aur) apinian c	death occurred on the			
j	13	bove, (I) (we) (did) (did no	at) view the body after death.	DEGREE				22¢ DATE S	IGNED
		Villamor	J. LENS	EN. M.D.	ATTENDING PHYSICIAN		AFF	1-1	12-86
7		224 PHYSICIAN'S NAME (TYPE	OR PRINTI	22e Al	DDRESS3033	Solomo		land	RD,
1		VILLAMO	DR S. KEY	ES	Edag	water.	MD .	2103	7
Ī		URIAL, CREMATION, REMOVAL	23b. DATE	230 NAME OF CEMETER		23d LOCATION		OUNTER	STATE
	1	347/4 L	Jan 27-1986	GrECHHIL	_	Bedfor		Z Z	NOIDMA
	24 FU	INERAL DIRECTOR	la l	NN 17 POWI	S, ma 250 DATI	E REC'D. BY REGISTRA	R 256. REGISTRAI		IRE
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DRECTOR: a should be defaulted for use with the State Dept. of Heal WAPORTANT. If hem 21 is in



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028027	1 -	REGISTRAR		CERTIFICATE OF DEATH		
6 200 100	1				REG. NO.	
1		CEASED NAME FIRST	WIDDIE	LAST	28 DATE OF DEATH MONTH	OAY YEAR 26 HOUR
noy be		Otilia	Hugela	Neuman	Jan	7.1986 A. M
to od	3. SE	4 8	~ 1119010	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
4 pt /	3.00		1 1	MONTH DAY YEAR	FII	MONTHS DAYS HOURS MIN.
0 HE / //	1	emale	White.	449, 29, 1931	54 YRS.	
a a	7a. 81	STHPLACE (STATE OR FOREIGN 78	CITIZEN OF WHAT COUNTRY?	MARIED NEVER MARRIED	1. BALTIMORE CITY OR COUNT	TY OF DEATH
to the X	Wh	Shington. D.C.	a.S.A.	WIDOWED DIVORCED	HANNE AM	UNDE/ MD.
	10. C	LYOR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	120, USUAL OCCUPATION	126. KIND OF BUSINESS OR
9 9 9	1	NNAPOLIS 1	INNE HYUNG	1el GENERAL	SECHETARI	I Home Improved
Poor Con and	USU,	AL RESIDENCE (IF NURSING HOME OR OTH	ER INSTITUTION GIVE RESIDENCE BEFORE A	DMISSION) 134. INSIDE CITY LIMITS?	134 STREET ADDRESS / ZIP COL	DE 0 1 0 10 27
fille fuld fould		MD. Hil	4, Edgewa	PH YES NO	1630 OK TOWN	e Rd. 21037
	14. F/	THER'S NAME	1 1	15. MOTHER'S MAIDEN NA	ME	1167
	0	Ivde We.	SIEV SMIT	h Otilia	A.	BULNS
The second	16s V	VAS DECEASED EVER IN U.S. ARMED	FORGES? 166 SOCIAL SECUR	ITY NO. 17. INFORMANT	ADDRESS	# 10
Pages	(res, notorionknown) (IF YES, GIVE WA	5-79-40-1	440 PAULE	NEWMAN 3	4 /3
the the		18 PAUSE OF DEATH (Enter only o	ne course per line for (a). (b), and		7100111111	APPROXIMATE INTERVAT BETWEEN ONSET AND DEATH
hys pop poop ent,		DIRECTOR OF A THE CALLERY OF	· ·	ESP. ALLEST		BETWEEN ONSET AND DEATH
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o di cordir	27		DUE TO, OR AS A CONSEQUEN	ICE OF	1 200	
deo deo deo de		Conditions, it ony, which	(b) METAST.	TIC CARCINO	116 20 Ded14	
trans the hear		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUEN	ICE OF		
by by ose		underlying couse lost	PERSIST	CENT CANCINOM	4-512455	12-18 MOS
and n ple		PART 2. OTHER SIGNIFICANT CON		ATH BUT NOT RELATED TO THE TERM		IVEN IN PART 110
There in long	NO O					
Son	AT	196 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED		ES, WERE FINDINGS USED
hos hos	CERTIFICATION	5-2-85	CARCINOMA	-SINMSSS LEFT		TIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
N. Thysicro	ER	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	121¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM II	
A A A A A A A A A A A A A A A A A A A		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	YEAR	(E.V.E.	
SICIA ng ph certifi rriol-tr	CA	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
d has adir	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE, FAR	211 LOCATION	CITY OR TOWN	COUNTY STATE
VIS of P of P of P of P	¥	WHILE NOT WHILE AT WORK	TAT HOME STREET, FACTORY, OFFICE, FAR	M, ETC.)		
A A A A A A A A A A A A A A A A A A A		22a I certify that (5 (this hospital)	attended the deceased from	2-26- 19 55		, 19 9 , that (we) last
TEN TEN TO REST. IT IS I		sow the deceased alive on above (D(we) (did) and not) vi	1-16-85 19	ond that in (my) (our) apinion	death occurred on the date and he	our and from the couses stated
ATA AT		obove, (I) (we) (did) and no) vi	ew the bady ofter death.	DEGREE		226 DATE SIGNED
OR A DOR DORE	91	V A . 6 7	in un	ATTELLOUIS	MEDICAL STAFF	1-17-86
HOSPITAL med by the FUNERAL wid be defined to the Stote		× 0 / / . //		PHYSICIAN	DIRECTOR PHYSICIAN	
SPIT od by JNER JNER d be o	13	224. PHYSICIAN'S NAME (TYPE OR PRI		22e ADDRESS LL M	urray tve #3	04
O HOSP Promed I		DOUGLAS A. FI	NNEGAN, M.D.F	A.C.S. Anna	POLIS HD :	21401
F = 2 3 3	73a. I	BURIAL CREMATION, REMOVAL	13b. DATE / 23c N/	ME OF CEMETERY OF CREMATORY	234 LOCATION	SHAW O CHUOS
BP		DUPIAL	1/20/86 PT.	LINCOLN CEMETER	VD/ACENSOU	ra Tilty MD.
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	1/1/1/1	250 DA	E REC'D. BY REGISTRAR 256. REG	
(VRA 15, 4)	7	AVIOR FUNERALI	Chape HNNAS	0/18/11/2	AN 24 1986 70	La Davidson-Mandelle

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oy be deoth deoth		Stella	(cona) H	icho	2	1 100		
t mo	3 SE	سم '	4 RACE	5. DATE OF BIR	DAY YEAR_	6. AGE (IN YEARS LAST BIRTHDA		YEAR IF UNDER 24 HRS
ge de de	0	7	WHite	5	30 99	860	YRS	
9 45 8 10	a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEAT	Н
to star s	50	hoson City Tena	USA	WIDOWED	DIVORCED [Anna De	00/0/	CIAA
P 44	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		HER INSTITUTION	12a USUAL OCCUPATION	12b KI	ND OF BUSINESS OR
offe ##	00	Auran villa	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	,	(TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUS	
Sin File		OWNSVILLE	FAIRFIELD HRUNG	del luus	ng nome	Housewit	e lor	VHOME
9 7 P	3a. S	TATE 13b COU	131. CITY OR TOW	N 13d	INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI		21123
2 m 12	1	1D IANA	ARUNDA PASAD			1447 Breu	JERNEC	Noad
£ 20/15/1/	H FA	THER'S NAME	MIDDLE LAST	15 A	NOTHER'S MAIDEN NAM	AE MIDDLE		1.453
p 14 /4 /	-	Manuel	Campbe	ell	Martha	MIDDLE		Martin
5 8 5 5		VAS DECEASED EVER IN U.S. AR	MED FORCES? HIS SOCIAL SECU		NFORMANT	ADDRESS		7,01 0711
exe oge	- (1	res. NO OR UNKNOWN) (1F YES GIV			Tifton Coo-	272 Dunadu	Dl	Class Division
9 5			212-26-9		Titton Case	. 312 Broady	lem BlAd	. Gren Burn
	1	18 CAUSE OF DEATH (Enter or	nly ane cause per line fai (0), (b), and D BY:	1.0			8617	PROXIMATE INTERVAL
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by t se r cre		underlying cause last	DUE TO, OR AS A CONSEQUE	DIL FEI				
the plead	19	FART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D	SEATH BUT NOT	SELVEN TO THE TERM	NALDISEASE OR GONOTI	CONTRACTOR AND A	07.14
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low los b	15	2214/1085	E 19 0	14/1	A TENTONNEO		N CERTIFYING CAI	USES OF DEATH?
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hysiron fron 118	Ö	238. ACCIDENT WAS UNDERLYING. [THE HOUR AM MONTH DA	Y YEAR	HOW INJURY OCCURR	ED (switze watum to collus) on	OSM JE FIAT CORPO	H21
SiCL SiCL Sinto	CAL	OF BUTHER, SIGNEY MEDICAL EXAMINE		10)5	tell tow	n		
Hys his or lor	MEDIC	71# INJURY OCCURRED	21e PLACE OF INJURY		LOCATION	CITY DIE TOWN	EDON	TE STATE
G P orte	2	Al WORK THE AL WORLD	Home	-			0/	
DIN OF A		22a.1 certify that (I) (this hosp	ital) attended the deceased from_	Dac 21,	1085	" Jan	1006	that (I) (we) last
OR OF TEN		sow the deceased alive on	Dac 27 19 8	5 and the	it in (my) (aur) opinion d	eath accurred on the date	and have and fran	
hosp hosp like of the different hosp like of the		above, (I) (we) (did) (did no 22b. SIGNAJURE	t view the bady after death.	DEGR				DATE SIGNED
OR DIR		() [/a/	11/	DEGR		MEDICAL STAFF		
TAI Aden		Cumby 11	Kinzen			MEDICAL STAFF DIRECTOR PHYSICIAN	10 1/	7/86
OSPITAL ed by t UNERAL d be del the State RTANT:		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e.	ADDRESS			
O HOS etained TO FUN should b		Charles W. Ki	nzer, M.D.		16 Murray	Avenue, Anna	apolis, M	laryland
5 € 5 € 3 ₹		URIAL, CREMATION, REMOVAL		AME OF CEMET	ERY OR CREMATORY	23d LOCATION		
BP		SPECIFY) Burial	lan 0 1000 01	on Have	n Mam Davel	Clar Durani	COUNTY	STATE
01		JNERAL DIRECTOR	IJan. 8, 1986 G	еп паче	n Mem. Park	Glen Burni	REGISTRAR'S SIG	MD
DHMH - 16 60M 7/84		NAME	ADDRESS	MD	JAN	D ABOO V	ha Davidson	-Randelle
(VRA 15, 4)	_	udilles 3. KIM	kley, Glen Burnie	יווי,	JAN	1 1000		

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DHMH -

			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYD ICATE OF DEATH	REG. NO.	0 2 3	EST In HOUR
STANK CORN			NARD		PENBERGER	JANUARY	16, 1986	2.0000000000000000000000000000000000000
1: SEX	LALACI	4. RACE	LAPARA	S. DATE C	The second secon	4. AGE INTERESTRICT		
1 1	ale	Caucas	ian	May 1	4, 1917	68	WORKERS DANS	HOUSE WAY
7s. BIR134	PLACE ISSUE DE IDREON	7s. CITIZEN OF V	WHAT COUNTRY?	4	NEVER MARRIED	BALTIMORE CITY OR CO	HUNTY OF DEATH	
Mary	land	USA		WIDOW	DO DNORCED		INDEL COUN	1110
-	GLEN BURNIE	NORT	H ARUNDE	L HOS	PITAL	Self-employe	KING (PE) INDUSTRY	king
Mary	land Pr.G	leorge's	Bowie	E ASSMISSIONS PN	YES X NO []	12803 Beaver		20715
Ide WAS	COPER IN U.S. /	J. ARMED FORCES?	Noppenbe		Eleanore IT INFORMANT	M. ADDRESS	//2	etz
CERTIFICATION	PART L DEATH WAS CAU MMEDI MATE OF OPERATION ACCORNI WAS UNDERTRE	DUE TO, OF	TAS A CONSEQUENT TAS A CONSEQUENT TO THE PORT WHICH	ENCE OF DEATH BUT OPERATIO	N CO.	PED (1945 NO DE PORTO PORTO	IN GIVEN IN PART I	O'NGS USED
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Bur 14 FUNE	FIMO GAL CREMATION REMOVA	JAN 18	1986 S	olis	RALTIMO EMETERY OR CREMATORY Seph's Cemeter Road MacDAT	THE MARYLAND TO THE LOCATION OF DEVIUM TEXAS, Balt FREC'D BY REGISTRARISA R	imore, Max	ryland

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Maryland Pr. George's Bowle 2013

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Don't Functed Home Borie, MW 20715-3043

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

07/84 25M

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE

April Marie Norfolk April Marie Norfolk	1		TE ISTRAR			ME	DICAL	EXAMIN	IER'S	CERTIFI	CATE	OF DE	HTA	REG.	NO.		11	
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State Its County Its County Its County Its Street Address Its County Its Street Address Its County Its Street Address Its County	G				No	orth Ar	cility, give s	1 Hosp	ital	HER INSTITU	JION	FOR	MOST OF WO		TYPE OF V	WORK I	OR II	o of Bu Noust Ione
MATK RICHARD NOTFOLK Lisa Lynn Guth The WAS DECEASED EVER IN U.S. ARMED FORCES? [1985, NO. OR UNMHOWN) [1975, NO.	13a. S	STATI	E	13b. COU	NTY	INSTITUTION GIV	13c CITY	ORTOWN							ne A	pt '		21
Title CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: MAKEDIATE CAUSE (a) Sudden Infant Death Syndrome Canditions, if any, which gave rise to immediate couse (a) totaling the under-lyng couse lost. If a Date of operation If a	14. F	ATH	R'S NAME FIRST		MIDDLI			LAST				EN NAM	E	MIDDLE			ĮA!	ST
NO None Mark Richard Norfolk Same as IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)		WAS	ark DECEASED		RMED FO	RCES?	16b SO	Norfo			Lisa			M	SS	(Guth	rie
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Sudden Infant Death Syndrome Conditions, if any, which gave rise to immediate couse joint and one of the couse (o) stating the under lying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTENUITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTENUITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTENUITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTENUITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTENUITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTENUITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTENUITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTENUITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTENUITY TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTENUITY OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTENUITY OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITION GOVERNOR OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITION GOVERNOR OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITION GOVERNOR OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITION GOVERNOR OF THE TERMINAL DISEASE OR CONDITION GOVERNOR OF THE TERMINAL DISEASE OR CONDITION GOVER	1	YES, NO		VN) (IF YES, GR	VE WAR OR D				chard	Norf	olk		Same as 1					
AT WORK AT WORK 270 Certify that I taak charge of the remains described above, held an Autopsy X, Inspection Inquiry and in my apinian death resulted from: Natural causes X, Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER SIGNED 1-20 EXAMINER'S NAME Dennis F. Smyth M.D. ADDRESS 111 Penn St., Balto., MD 21202 230. BURIAL CREMATION, REMOVAL 235. DAJE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY CO			gave rise	e to immedia	te /	, , , , , , , , , , , , , , , , , , , ,												
AT WORK 270 Certify that I took charge of the remains described above, held an Autopsy X, Inspection Inquiry and in my apinion death resulted from: Natural causes X, Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER SIGNED 1-20 EXAMINER'S NAME Dennis F. Smyth M.D. ADDRESS 111 Penn St., Balto., MD 21202 230. BURIAL CREMATION, REMOVAL 235. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY CO	Z	PAI	lying caus	e last.	((c)				SE OR CONDITIO	ON GIVEN IN F	ART I to	144.72	2.5	I			
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AT WORK 220 Certify that I took charge of the remains described above, held an Autopsy A. Inspection Inquiry and in my apinion death resulted from: Natural causes A. Accident Suicide Hamicide Undetermined manner	TIFICATION	190	lying country of the state of the state of	e lost. NIFICANT CONDITION OPERATION	((c)	DUT NOT REL	ATED TO THE TER	AINAL DISEA			ART 1 to	H-32	1			0.0	
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Burial 1/21/86 Cedar Hill Cemetery Balto A.A.	MEDICAL CERTIFICATION	210 UN CC 21d	DATE OF EXTERNA DERLYING DITRIBUTIN	OPERATION CAUSE WAS OR IG CAUSE O CCURRED	NS CONTRIBU	(c) TING TO DEATH I	INJURY MONTH	WHICH OPEN	RATION V	OW INJURY	RMED?				18 PART 1		YE (2)	

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0.4			5 13-22a 3/12/86 FOR	DEPARTMENT OF HEALTH AND MENT & HYGENE 0 0 2	5 4
01	4153		STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	. 1		EASED NAME FIRST	MIDDLE LAST 20 DATE KNOWN MONTH OF ESTI-	DAY YEAR 16 HOUR
PLEASE	E SES			WILLIAM WALSH O'GRADY DEATH MATED 1-6	- ''
A	STRECT	3. SE)	4. RACE	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	DAY YEAR 2d HOUR
SARY.	NON NO	70 8	ale white	Th CITIZEN OF WHAT COUNTRY?	
S NECESSARY,	S S E S	-10	MGN COUNTRY)	MARRIED NEVER MARRIED Anne Arundel	
N S	TO THE FUNERAL DIRECTOR. 1 PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72 HOURS AS, 201 W. PRESCON STREET.	ID CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK	12b KIND OF BUSINESS OR INDUSTRY
¥ ×	PAGE BE FILED	An	napolis	75-A Franklin Street Professor	College.
(2)	m = 000	USUA 13a S	L RESIDENCE (IF IN NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	_ 21409
212.	AND HOULD	D	D A	.A. Annapolis YESX NO 15-A Franklin	Street
AM TH.	S1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	14 F/	THER'S NAME FIRST	MIDDLE LAST IS MOTHER'S MAIDEN NAME MIDDLE	LAST
DEA	15 × 16/2	16	AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEGURITY NO. 17. INFORMANT ADDRESS SAME	eddes
LTIMORE, MD. 21201	PAGES DIVISION			WAR OR DATES)	1e 95#13
يسق	DIVIS		18 CAUSE OF DEATH (Enter and	ily one cause per line far (a), (b), and (c).)	APPROLIMATE INTERVAL BETWEEN ONSET AND DEATH
150	A STATE OF THE STA		PART I DEATH WAS CAUSED	TE CAUSE (6) Hypertrophic Cardiomyopathy	BETWEEN ONSET AND DEATH
OF TO	YGIE	2	IMMEDIAT	(DUE TO, OR AS A CONSEQUENCE OF	
1/2	TRANSIT SNTAL HY OR REMO		Canditians, if any, which gave rise to immediate		
W CB	AEN A		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
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DIVISION OF VITAL RECORDS	HD FENDING: IN FEDERAL HER MEDICAL EXAMINEST FEDERAL HER MEDICAL EXAMINEST FEDERAL HER MEDICAL HER MEDICAL HER MEDICAL OR REMOVAL.	2	LYKE S OLUCK SIGNISICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1	
ME GA	A SEA	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
TITAL	CHIE CHIE BEUSED SNT OF HE BURIAL, O	TIFIC			YES X NO
TO THE	A HONE		210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	RT 2)
ION	25548 9	MEDICAL	CONTRIBUTING CAUSE OF D	DEATH P.M. 19	
NVISIO	E SE	MED	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (ATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN CO	DUNTY STATE
D SH	EXECUTE THE CERTIFICATE WRITING THE WORD PROCE 4 SHOULD BE FOWNED TO THE CHIEF TO FUNERAL DIRECTOR PAGE 23 HOULD BE USEN THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		AT WORK AT WORK		
4	A SES		22a I certify that I took charge	ge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my aj	oinian
EXAMINER	CERTIFIC DIRECTO WARYLAI		death resulted fram Natur	ral causes 😂 , Accident 🔲 , Suicide 🔲 . Hamicide 🔲 · Undetermined manner 🔲 ,	
	A VECEN		ACTUAL WOUNG	M.D. Assistant MEDICAL EXAMINER SIGNI	1-7-86
MEDICA	E S E S E		SIGNATURE		!D
WE	E PER PER PER PER PER PER PER PER PER PE		EXAMINER'S NAME (TYPE OR PRINT) Mai	rgarita A. Korell, M.D. ADDRESS 111 Penn Street	
5	PAGE PAGE	230 B	JRIAL, CREMATION, REMOVAL 2.		NTY STATE
07/84 E	BP_8	14.5	JUNEAL DIRECTOR	an. 81986 St. Anne's Hongon's A	H MD
	DHMH - 17 (R A15 ME (5))	1	NAME NAME	ADDRESS A	
{V	N A13 ME (3))	LVO	YIOT TUNEN	al Chapel- Honapolis MD JAN 1 0 1986 - JAN 1 0	m-yandeles

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAN

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND STATE OF MARYLAND STATE OF MARYLAND BENEATH OF HEALTH AND MENTAL HYGIENE FOR STATE

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	REGISTRAR		CEKTIF	ICATE OF DEATH	s REG. NO.	
111	DECEASED NAME SAME	ih Andre	ice F	Eddy	20 DATE OF DEATH MONTH 9	6 645
Ł	Female	1 RACE hit	e 5. DATE C	8 / 898	87 yrs	FUNDER LYEAR IF LINDER JAMES ONTHS DATS HOURS MIN.
M	BIRTHPLACE STATE OF FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT	MARRIE	DIVORCED	9 BALTIMORE CITY OR COUNTY	indel M
11	-OTNIAN	9010	SOLOMON	S Slan ord	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LEE)	17b. KIND OF BUSINESS OF INDUSTRY
130	BUAL RESIDENCE (IF NURSING HOME CO. STATE Md. A.	NTY 13c_CI	IDENCE BEFORE ADMISSION) TY OR TOWN Othian	13d INSIDE CITY LIMITS? YES NO 🗗	9 Old Solomon	s Island Rd
III.	James	W.	Turner	Belle	MIDDLE	Gibson
160	(YES, NO OR UNKNOWN) (IF YES, G	W OD O	7-38-720	17. INFORMANT D Carolyn W	ells Lothian.M	
1	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per lang for ED BY.	ute H	eart Fai	lure	BETWEEN ONSET AND DEATH 30 / M/NUT
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, ON AS A	CONSEQUENCE OF	sclerotic	Heart Diseas	e years
7	PART 2. OTHER SIGN/FICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	OSCIEVUSIS	N IN PART TO
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	OR WHICH OPERATION	WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
MEDICAL CER		ATH HOUR A.M. M		21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN TIEM 18 PAR	band band
MED	AT WORK AT WORK	-	ORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	270. I certify that (1) (this hasp sow the deceased alive a above, (1) (we) (did) (did n			d that in (my) our) opinion	death occurred on the date and hour	9_0_, that (I (we)) and from the couses stated
	22b. SIGNATURE TO THE SIGNATURE	1/20	with	DEGREE TITENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/10/86
	Charles	H. Wir	th, MI	LO LO	thian Me	120711
L	BURIAL, ČREMATION, REMOVA (SPECIFY) Burial	1/14/86	. 1	n Cemtery	Lothian, A. A	
	FUNERAL DIRECTOR NAME ardesty Funer	al Home	1.2 Ridgel Annapolis	y Ave. 250 DAT , Md. 21401	AN 16 SED REGISTRA	AR'S SIGNATURE
-						

.... is it is a sold it is the start of some years Grand 2 of Action Colored Mana Stroke Batyra ige Hypoterians is deciding 15 - 23 - 1 with 34 -Charles H. W. M. Tr. M. J. Charles and School

0 1-	FOR STATE REGISTRAR	DEPAR	TMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	TENE 6 Q	0 2 3 6 EST
	CEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH "	NONTH DAY YEAR 26 HOUR
	PERDICA	E.	PAI	DOUSSIS	JANUARY	Y 06, 1986 9 34 API
JA SEX	(4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTH	EDAY) IF UNDER LYEAR IF UNDER 74 HRS
70	Female	White	Sept	t. 8, 1899	86	YRS
1	OUNTRY) Greece	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIE WIDOWS	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR ANNE	COUNTY OF DEATH ARUNDEL COUNTY MD.
4 % CI	GLEN BURNIE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE NORTH ARUNI	DEL HOS		12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Homemak	WORKING LIFE) INDUSTRY
M	AL RESIDENCE (IF NURSING HOME OF TATE 13) COU	R OTHER INSTITUTION GIVE RESIDENCE BEFI INTY 13c. CITY OR TO Baltin	NWN	13d. INSIDE CITY LIMITS? YES MO		ZIP CODE age Street 21224
00	THER'S NAME FIRST George	MIDDLE LAST Stamate		15 MOTHER'S MAIDEN NAME FIRST Agnes	WIDDLE	Boules
	VAS DECEASED EVER IN U.S. A res, no or unknown) [IF yes, G No	RMED FORCES? IVE WAR OR DATES) 166 SOCIAL SET 218-28		Mr. Robert]	ADDRES Padousis	11117 Old Carriage R
injury, or other tro	Conditions, if ony, which gove rise to immediate couse iol, stoting the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEC		NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 110
CERTIFICATION	190 DATE OF OPERATION	1%. CONDITION FOR WHIC	CH OPERATIO	n was performed	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
. /	71a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET FACTORY OFFIC	E, FARM ETC }	211. LOCATION STREET	CITY OR TOW	N COUNTY STATE
		n 19	6-1	nd that in (my) (our) opinion	death occurred on the dat	e and hour and from the causes stated
	22b SIGNATURE	20	MEDICAL STAFF	274. DATE SIGNED		
7	22d AMYSICIAN'S NAME (TYPE GLENN F.	ROBBINS M.D.			404 CRAIN HI	IGHWAY, SUITE 300
1	URIAL, CREMATION, REMOVA	1/10/86 23	Greek	EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE

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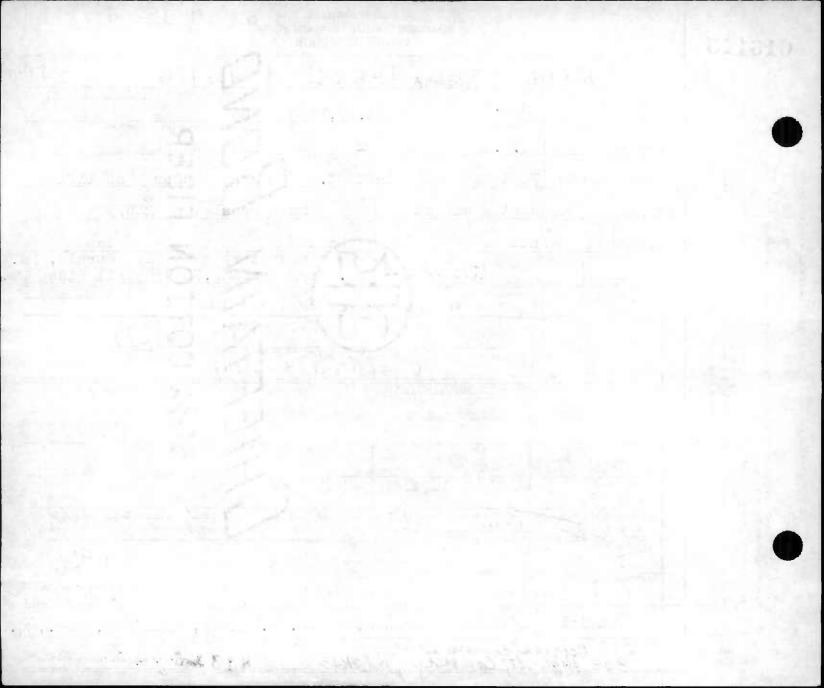
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(VRA 15, 4)

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STATE OF MARYLAND STATE OF MARYLAND

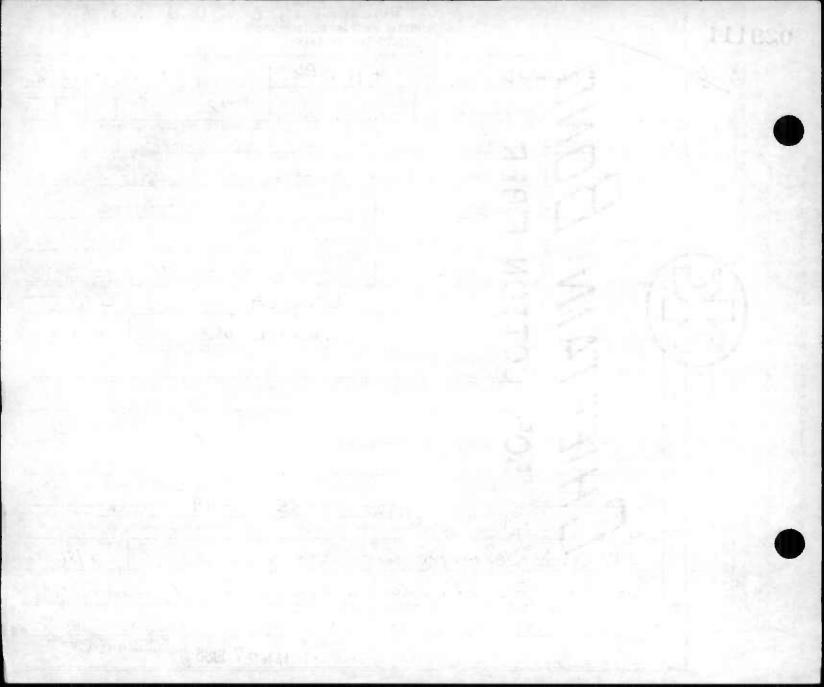
5	1-	FOR STATE REGISTRAR	DEPA		HEALTH AND MENTAL HYD FICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST	IE THELP	na PA	ARKS		6 DAY YEAR 26 HO	UR 5
	3. SE	female	4 RACE Cau.	5. DATE O		6. AGE (IN YEARS LAST BIRTHD	YRS. HOURS	MIN
35	Ma	RTHPLACE ISTATE OR FOREIGN OUNTRY) APYLAND TY OR TOWN OF DEATH	U.S.A	MARRIE		Anne Ar und	el	N
10		len Burnie	7891 "II" Ta	REET ADDRESS)	21061.	crab pick	ORKING LIFE) INDUSTRY	
35	130. S Mai	TATE 13b COL		OWN	13d. INSIDE CITY LIMITS? YES NOTHER'S MAIDEN NA	13e STREET ADDRESS / Z	21675	
699	/	James	-10.0	ewis	Martha	MIDDLE	Dean	
e medico		AS DECEASED EVER IN U.S. A ES NO OR UNKNOWN) 10 10 11 11 11 11 11 11 11 1	ive war or dates) 215-15	2-6266	17 INFORMAN(daug Mrs. Mary H		Glen Burnie	es
o burial, cremation, ar r jury, or ather traumotic	NO	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF THE TOTAL OF T	OUENCE OF	tebral In	8is (Gael) ION GIVEN IN PART 110	
ows any in	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	ICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? 2	Ob. IF YES, WERE FINDINGS USE N CERTIFYING CAUSES OF DEA YES \rightarrow NO [ATH?
Item 18 sh	MEDICAL CER	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH P.M.	DAY YEAR		RED (ENTER NATURE OF INJURY II	NITEM 18 PART I OR PART 2)	
N Pu	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFI		21f LOCATION STREET	CITY OR TOWN	C/	STATE
norke			ments attended the decorred for	m		, to	19.5 hot (1)	(we) lo
ote Dept. of Heolth o		22a. I certify that (I) (this have sow the deceased above a above, (I) (we find that a 22b. SIGNATURE	1 - 11		DEGREE	MEDICAL STAFF	ond hour and from the couses st	
with the State Dept. of Health or IMPORTANT: If them 21 is marke.		sow the deceased alive of above. (I) (well did not alive in the state of the state	n 15 of) view the body ofter death.		DEGREE	MEDICAL STAFF DIRECTOR PHYSICIA	224 DATE SIGNED	



Eval Life Control of the Control of POSTER STATE OF STATE OF THE ST Bushidul Passel hasself but I was I was the but the But 150,00 Will the mineral the second of the second

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 harm million and Page 4 reformed by the haspital or attending physician.
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and semiliting filling interpretable should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pag. Spouling filling interpretable with the State Dept. of Health and American program and to buriol, cremation, or removal.
IMPORTANT: If Hem 21 is marked on the Hearth any nivry, or other troumant event, the medium

029111		FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.				
S deorh		OR PRINT) EDW	ARD W	PHIPPS	20 DATE OF DEATH MONTH	10 86 12 A	
ctor po	3 SE	Male	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR AUG. 22. 1907	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	
72 hours		RTHPLACE (STATE OF FOREIGN	Caucasian To CITIZEN OF WHAT COUNTRY	* AARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT		
THE	10 C	aryland TYORTOWN OF DEATH Inapolis	(IF NOT IN SUCH FACILITY, GIVE STREE	WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION TADDRESS) General Hospita	Anne Arunde 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING & Crane Opera	126 KIND OF BUSINESS OF	
	USU. 13a S		ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 134 CITY OR TOV	RE ADMISSION) NN 13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COOL 1988 Fairfax	DE 21411	
7/0/	14. FA	THER'S NAME FRIST	MIDDLE LAST Phipps	15 MOTHER'S MAIDEN NA	WE	McCoy	
Pogramed med	16a V	VAS DECEASED EVER IN U.S. AF		URITY NO. 17 INFORMANT	. Carlton (s	ame as 13e)	
physicio on popers. emovol.	4	PART I. DEATH WAS CAUSE	nly one couse per line for 101, (b), a ED BY: TE CAUSE 10)	Lung	CA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 WOS	
he ottending emove corbo motion, or re r troumatic e		Conditions, if ony, which gave rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEQU	Cigavet	te use	50405	
quires may the signed by the Then please rei to burial, crem njury, or other		underlying cause last	DUE TO, OR AS A CONSEQUE (c)	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION G	VEN IN PART IIa	
hos been si permit. The	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?	
e se de la companya d		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	21c. HOW INJURY OCCURI	YES NO Y	PART OR PART 2)	
d a d	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET FACTORY OFFICE	211 LOCATION	CHYORTOWN	COUNTY STATE	
TENDING rtal or a OR Affe or use as f Health		220.1 certify that (1) (this hosp	ital) attended the deceased from.	61	, to death occurred an the date and ha	that (i) (we) lose and from the causes stated	
y the haspital (AL DIRECTOR detached for u ore Dept of He AII: if Hem 21 is		22b. SIGNATURE	E. Selouid	7	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED	
TO HOSPITAL OR ALL TO FUNERAL DIRECT should be detached to with the State Dept o		Straut	E. Selou	lich St Frank		napolis, und.	
BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	01-13-86 H	NAME OF CEMETERY OR CREMATORY illcrest Cemeter	y Annapolis,		
HMH - 16 60M 7/B4 (VRA 15, 4)	L	UNERAL DIRECTOR NAME all-Evans Fu	neral Home. An	12 West Street DAY	N 2 7 1986	ARAR'S SIGNAJONO	



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Later to the contract of the c

te funeral director, page 3 within 72 hours after death

injury, ar ather traumatic event, th

IMPORTANT: If them 21 is marked or them 18 shows any

and Mental Hygiene priar to burial, cremation, ar remaval

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF

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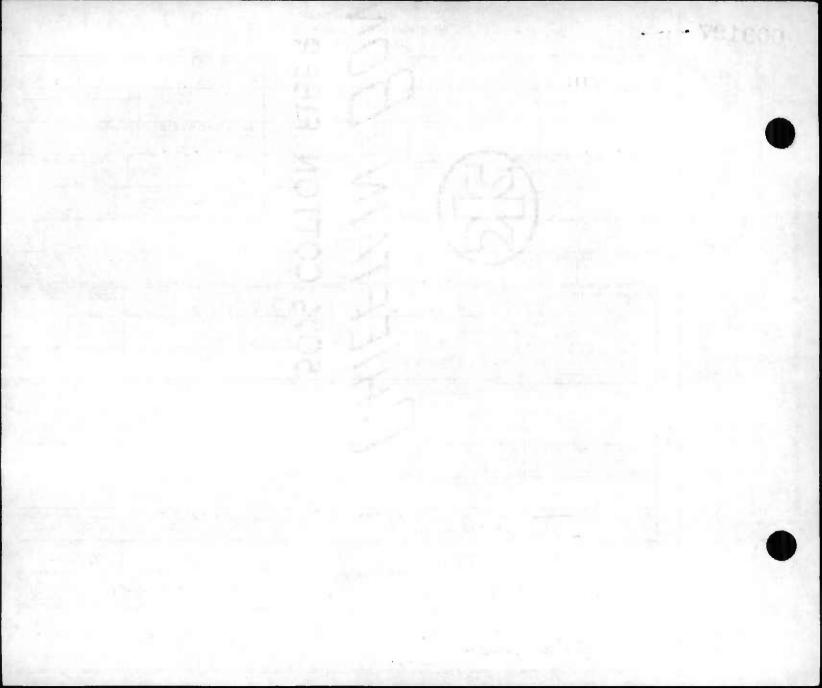
HEALTH	AND	MENTAL	HYGIENE	
FICATE	OF	DEATH		

ı	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1	T DECEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b HOUR
1	(TYPE OR PRINT) Lillian	Elizabeth	Platzer	Jan. 4	1986 10:00Am
Ì	3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
l	Female	White	Jan. 5, 1914	71 YRS	MONTHS DAYS HOURS MIN.
1	7a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
4	Balto. Md.	USA	WIDOWED DIVORCED		MD
1	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR INDUSTRY
1	Glen Burnie	7886 Americana		Homemaker	Own Home
1	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR		136 STREET ADDRESS / ZIP COD	DE
1	Maryland A.A	A. Co. Glen Bu		7886 Americana (Circle 21061
1	14. FATHER'S NAME	MIDDLE 1AST	15 MOTHER'S MAIDEN N	NAME MIDDLE	LAST
1	George	Klein	Elizabeth		Kranz
1	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU		ADDRESS Sev	erna Park, Md.
ı	No Nor		Barbara Lee	ughter Bahner 235 Oak C	Court, 21146
Ì	18 CAUSE OF DEATH (Enter of	only ane cause per line for (a), (b), an			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	PART I. DEATH WAS CAUS	SED BY ATE CAUSE (a) Respir			
ı	IMMEO!	DUE TO, OR AS A CONSEQU			
ı	Conditions, il any, which	(L) Chros		\$1.5	
ı	gave rise to immediate couse (a), stating the	0)			
ı	underlying cause last	DUE TO, OR AS A CONSEQU	JENCE OF		
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	PMINAL DISEASE OF CONDITION GI	VEN IN PART 1 or
ı		CONDINONO CONTRIBUTION	DEATH OUT NOT KEENTED TO THE TEN	MINAL DISEASE ON CONDINONO	YE : 11 - 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
d	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED
4	DIE				IFYING CAUSES OF DEATH?
d	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18	
1			AY YEAR		
1	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
1	AMILE NOT WHILE	(AT HOME, STREET, FACTORY OFFICE,		CITY OR TOWN	COUNTY
1	AT WORK AT WORK	pital) attended the deceased fram_	10=16=55	to plesent	
١	saw the deceased alive a		8 5 , and that in (my) (our) opinio		, 19 that (I) (we) last
1	above, (1) (we) (that) (did not 22b, SIGNATURE	nat) view the body after death.		data di	22c. DATE SIGNED
ı	1216. SIGNATURE	- 0 0	DEGREE ATTENDING	MEDICAL STAFF	16/85
4	Kuan	1 release	PHYSICIAN		16/8)
ı	22d. PHYSICIAN'S NAME (TYPE	T Pete-son	27e ADDRESS	aust Anna	polis
-	230 BURIAL CREMATION REMOVA		NAME OF CEMETERY OR CREMATORY		
	(SPECIFY) Burial		Vestern Cemetery	CITY OR TOWN	COUNTY STATE Md.
1	24 FUNERAL DIRECTOR	2 1/1000		Baltimore, ATE REC'D. BY REGISTRAR 256 REGIS	
	Singleton Funeral	1 Home Glen Burni		AN 7 1986 9 4	Lay bon-Rendell
-1	ornare con ranera	T HOME OTEM DUTIE	Let I Talla	MIN	

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

(VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

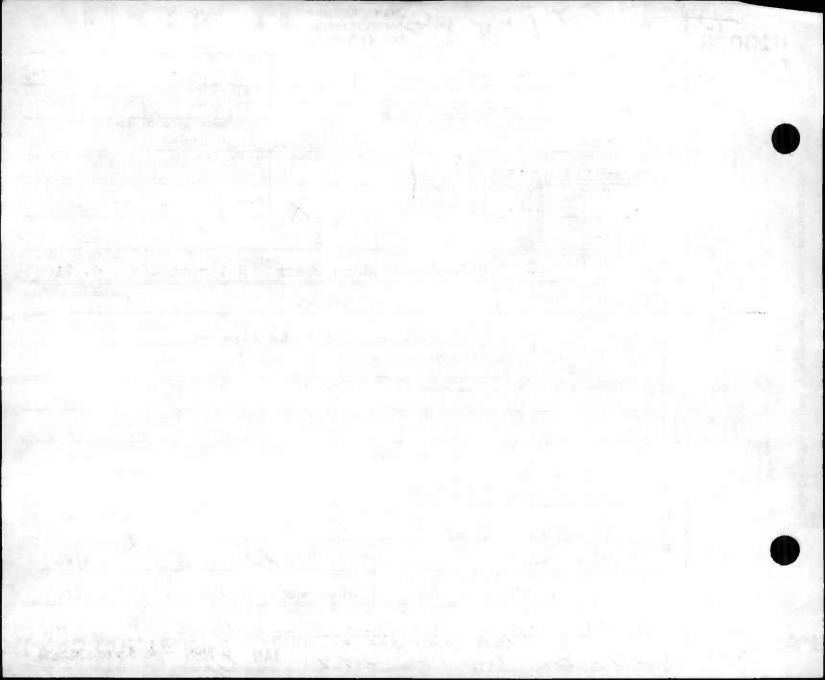
FOR 013076

TO HOSPITAL OF ATTENDING PHYSICIAN retained by the hospital or attending physician.

ecuted within 24

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HTGIENE

6	REGISTRAR			CER	TIFICATE OF	DEATH	REG N	10.		
1, 0	ECEASED NAME	FIRST	MIDDLE		LAST		20 DATE OF DEATH		DAY YEAR	26. HOUR
180	PE OR PRINT)	irginia	Gayle	e Pr	iest			1	3 86	10:37A
3 3		4 RAC			TE OF BIRTH		& AGE (IN YEARS LAST BI		IF UNDER I YEA	
	Female		caucasia	an "	2 28	45	40	YRS	MONTHS DAY	S HOURS MIN
5 7R	BIRTHPLACE (STATE OR FOR	EIGN 76 CIT	ZEN OF WHAT CO	OUNTRY?	RRIED NEVER	MAPPIED [9 BALTIMORE CITY		OF DEATH	
17	Michigan	100	USA			DIVORCEDXX	Anne Ar	undel		M
0	CITY OR TOWN OF DEAT	н II. м le 8]	AME OF HOSPITA NOT IN SUCH FACILITY, 1 Vine	L, NURSING HOL GIVE STREET ADDRESS Street	AE OR OTHER IN	STITUTION	17R USUAL OCCUPATION PROPERTY OF WORK FOR MOST Payroll	OF WORKING LIF	E) INDUSTR	of BUSINESS OF inghous
2 13	ual residence (if nursing state Md.	G HOME OR OTHER IP	LI3c CITY	PENCE BEFORE ADMISS OR TOWN WNSVILL	e YES	CITY LIMITS?	811 Vine	St.	2103	32
26"	William	Ray	7	Leslie		rs máidellina Vivian	MIDDLE			rwood
160	WAS DECEASED EVER IN IYES, NO OR UNKNOWN]	U.S. ARMED FO	DATEST	-44-908		Doerr				lee Dr. 1. 21043
	18. CAUSE OF DEATH PART I. DEATH WA	(Enter only one	ouse per line for t	ot, (b), and (c).(APPRO	NONSET AND DEATH
9 Notrositas			CONDITION FO				20R AUTOPSY?	206. IF YES	S, WERE FIND	
Z							YES NO		5	NO 🗆
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	OR CONTRIBUTION C	USE OF DEATH	TIME OF INJURY OUR A.M. MC P.M.	ONTH DAY Y	AR 21c HOW	INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18, P	PART I OR PART 2)	
MEDICAL	214 INJURY OCCURRE	IE 🗀	PLACE OF INJUI THOME, STREET FACTO	RY DRY, OFFICE, FARM, ET	21f LOCAT	TION	CITY OR TO)WN	COUNTY	STATE
	270.1 certify that (I) (1) saw the deceased above (II) we) (die		1712 -	Car and	ond that in m	y)(our) opinion	death occurred on the	date and hav		Contraction
	1276. SIGNATURE	d. Free	20.		DEGREE		MEDICAL STA	AFF ICIAN 📑	X 22c. DA	3/86.
7	774 PHYSICIAN'S NAM	ME (TYPE OR PRINT)	PIT. NG	MS.	22n ADDRI	1	Cas Ouc	01054	Cci	STER
230	BURIAL CREMATION, R (SPECIFY) Cremation		DATE /4/86		Wash.		23d. LOCATION CITY OF TOWN	4	COUNTY	mD.
5M 24	FUNERAL DIRECTOR	11/		ANDY S	PR. Rd	ZSE. DAT	E RECOD. BY REGISTRAL	R 256 REGIST	RAR'S SIGN	ATURE
	FLECK F.H.	INO.		et, mo		7 1	AN 9 1986	١ . ١٩٨	Drudon	- Handelle



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL PYGIENE FOR STATE

	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO	D .		
	CEASED NAME FIRST	MIDDLE	LA	127	2a DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
CLIM	ANTHONY	JOSEPH #	RATKS	WICZ	Days.	15	1986	11:30
SE		4 RACE	5 DATE O	FBIRTH	& AGE (IN YEARS LAST OUT		FUNDER I YEAR	IF UNDER 24 HRS
	M	CAUCASIAN	MONTH	12 76	9	YRS.	ONTHS OAYS	HOURS MIN
R B	IRTHPLACE ISTATE OR FOREIGN	TE CITIZEN OF WHAT COUNTRY	(? 8	□ NEVER MARRIED □	1 BALTIMORE CITY O		OF DEATH	
	MD	()SA	WIDOWE		ANN	CAR	UNDE	(M
0 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		ROTHER INSTITUTION	12R USUAL OCCUPATE			OF BUSINESS OF
58	EUEKNA PIARK		NUEIGI	+ HTS RD.	CHILD	WORKING (VE)	INDUSIK!	- 11
USU	AL RESIDENCE (IF NURSING HOME O STATE 1136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY		134. INSIDE CITY LIMITS!	13e STREET ADDRESS		-3	11146
run.		AMUNDEL SEVENLA		YES NO NO	186 OLP	EAKLE	IGHT	ITS RD
14. F.	ATHER'S NAME		,,,,,	15. MOTHER'S MAIDEN NA	ME			
	ANTHONY	V. NATICEWI	C7_	PATRICIA	WIDDLE		A	
	WAS DECEASED EVER IN U.S. AL	MED FORCES? 166 SOCIAL SEC		17 INFORMANT	ADDRE	55 186		EARLE
	(YES, NO OR UNKNOWN) (IF YES, GR	E WAR OR DATES)	1524	4NTHONY 1	2ATV XWICT		HTS.	W 0.
-	LIL CAUSE OF DEATH (Fotor o	nly ane couse per line far (a), (b),				7.5		MATE INTERVAL ONSET AND DEATH
	DART I DEATH WAS CALLS	TE CAUSE (0) CAMPIA		IRAT MAY A	AREST		- Stiwates	OINDELL SIED MASILE
	IMMEDIA			HENT OF A	7. [20]			
	C 191 11	DUE TO, OR AS A CONSEQ	BLE	SEPTICEM	/ A		2	4 hore
	Conditions, if any, which gove rise to immediate	(b) PRODE	1000	JETTICEM	1 19		+ -	(0.3
	cause (a), stating the underlying couse last	DUE TO, OR AS A CONSEO		APILLOGUE	1 6111/6411	1	2 YV	39 mos
		(IC) ACUTE		APHOCYTIC				
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERA	AINAL DISEASE OR CON	DITION GIVE	N IN PART 1	01
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	LI ODERATION	LIVIAG DEDECONIED	20g AUTOPSY?	Tank IE VEC	WERE FINDI	NCCUSED
FIC	198 DATE OF OPERATION	148 CONDITION FOR WHIC	H OPERATION	A MAS PERFORMED		IN CERTIFY	ING CAUSES	OF DEATH?
RT				Ť.,	YES NO	YES		NO 🗌
	218 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	THE PARTY OF THE P	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18, PAR	T I OR PART 2)	
CA	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19					
WEDICAL	214 INJURY OCCURRED	21s. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY OF TOV	/N	COUNTY	STATE
-	AT WORK NOT WHILE			San Shared in				
	22a I certify that (I) (this hasp	ital) ottended the deceosed from		25 19 83	3 to JAM	15 19		that (I) (see) los
	sow the deceased alive or obove. (1) (we) (did n	at) view the bady ofter death.	86. an	d that in (my) (our) opinion	death occurred on the de	ate and hour o	and from the	causes stated
	27b. SIGNATURE	- 1 14	. 0	DEGREE			22c. DAJE	SIGNED
	(leen V C	Schwet M	, V.	ATTENDING	MEDICAL STAT		1/1	6/86
	224. PHYSICIAN'S NAME (TIPE	OR PRINT)		22. ADDRESS DEVT			111	
	ALLEN D.S	CHWARTZ	M.D.	10 0	. HUSPITAL		4. 70	MDS
_	7,100					- 0	AUTO.	MD2
130	BURIAL, CREMATION, REMOVAL	236. DATE 236	NAME OF GE	METERY OR CREMATORY	234 LOCATION	en: 11 5	T VALUE	1 197
	DWIG	1-30-06	1112. 1/4	ME BUST	m (min	DVIIL	. +-	1. 1111

TO FUNERAL DIRECTOR After the should be defined for use as the burn with the State Dept. of Health and N

ATTENDING PHYSICIAN

TO HOSPITAL retained by the l

DHMH-16 25M (VRA 15, 4) 1/79

TONERAL DIRECTOR

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DHMH - 17 (VR A15 ME (5) 20M 4/B2

1/14/86

Hillcrest

Annapolis

Co.Md.

24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS 12 Ridgely Ave. Hardesty Funeral Home Annapolis, Md. 2140

4) Benefiche Place Provided Cornel Corned In md . A.A. Zagrowe . High Shorthen Ban Pa

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	JIM	IL OL W	MKII	MIND	(2)
PARTMEN	IT OF	HEALTH	AND	MENTAL	HYGIENE
(ERT	FICAT	E OF	DEATH	

FOR STATE REGISTRAR	DE		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	0		ECT
1. DECEASED NAME FIRST	MIDDLE		LAST		MONTH DAT	YE AR 2	26 HOUR
(TYPE ORPRINT)	MAE	RF	ESE	JANUA	RY 10	1084	342 MPM
3. SEX	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UP		IF UNDER 24 HRS
Female	White	Decei	mber 29, 1909	76	YRS	INS DAYS	HOURS MIN
78. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
Maryland	U.S.A.	WIDOW		ANNE	ARUNDEI	L COUN	TY MD
10 CITY OR TOWN OF DEATH GLEN BURNIE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE NORTH AR			12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Homemaker	F WORKING (IFE)	NOUSTRY Own F	BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 13b, COL Maryland Anne	INTY 13c. CITY O		13d INSIDE CITY LIMITS? YES NO NO 15 MOTHER'S MAIDEN NA	13e.STREET ADDRESS / 207 Greenw			21061
Robert Th	_	ST	Albirta	MIDDLE L.		Readmo	h a
160 WAS DECEASED EVER IN U.S. A		L SECURITY NO.		on) ADDRE		Keaumo	
	/A 214-4	18-1440	Mr. Alfred J			_	e, Md.2106
Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CON (b) ON AS A CON (c) OF AS A CON	pearous	al indanebe			yea	ediati
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	IN PART I a	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 214 INJURY OCCURRED	198 CONDITION FOR V	Shock WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	206 IF YES, WE IN CERTIFYING		
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		H DAY YEAR	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I	OR PART 2)	
216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME STREET FACTORY, I	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
22a I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did n 22b. SIGNATURE	10.11.0- 10	01	nd that in (my) (our) opinion DEGREE	, to	ARLA 1'9_ ote and hour and		
Dog	2. Kapla	an mo		MEDICAL STAF		11	1/84
22d PHYSICIAN'S NAME (TYPE	Q. KAPLAN	min	22e ADDRESS				,

WEDRIAMI: If them 21 is morked or them 18 shows any should be detached for use as with the State Dept of Health TO FUNERAL DIRECTOR: TO HOSPITAL BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

and Mental Hygiene prior to burial, cremation, as the burial-transit permit. Then please remove

After this certificate has been

TTENDING PHYSICIAN The

23a. BURIAL, CREMATION, REMOVAL Burial

24 FUNERAL DIRECTOR

236. DATE January 13,

23c NAME OF CEMETERY OR CREMATORY Glen Haven Mem. Pk.

23d LOCATION CITY OR TOWN Glen Burnie,

COUNTY A.A.

STATE Md.

250. DATE RECO. BY REGISTRAR 256 REGISTRAR'S SIGNATURED AND 14 1986 24 FUNERAL DIRECTOR 3, A Thompson Adoress
Singleton Funeral Home, Glen Burnie, Md.

- STATE REGISTRAR

DECEASED NAME

MALE

CITY OR TOWN OF DEATH

Maryland

4 FATHER'S NAME

TO BIRTHPLACE (STATE OR FOREIGN

Charles Co., Md.

GLEN BURNIE

ALTON

TYPE OF PRINTS

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARRIED A NEVER MARRIED

REIGLE

5. DATE OF BIRTH

Sept. 5

MONTH

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

MIDDLE

(nmn)

Th CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Harmans

LAST

WHITE

USA

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
113b. COUNTY
113c. CITY OR TOWN

MIDDLE

A. A. Co.

0	0	2	4	-

ANNE ARUNDEL COUNTY

7517 Old Coaling Rd. 21077

REG. NO

72 YRS

9 BALTIMORE CITY OR COUNTY OF DEATH

20 DATE OF DEATH MONTH

6 AGE (IN YEARS LAST BIRTHDAY)

JANUARY

TYPE OF WORK FOR MOST OF WORKING LIFE

Crane Opt. (Ret)

13e STREET ADDRESS / ZIP CODE

WIDOIL

YEAR

DIVORCED

NO K

15 MOTHER'S MAIDEN NAME

113d INSIDE CITY LIMITS?

1913

4 40	-			
		-		
		3		
		2	-	Man Arrow

1986 IF UNDER I YEAR

INDUSTRY

7h HOUR

17h KIND OF BUSINESS OR

Beth. Steel

IF UNDER 24 HRS

should be deto with the Stote IMPORTANT: I

Reigle John Rei la Nellie Lowman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) Helen M. Reigle (wife) Same as 13 218.09.9185 XXXXXXXXX APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Chilippen dieses Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CORDITION GIVEN IN PART 310 CERTIFICATION 16. CONDITION FORWHICH OPERATION WAS PERFORMED. 786 IF YES, WERBYINDINGS USED No. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATHY NO 64 **21b TIME OF INJURY** Tig ACCIDENT WAS UNDERLYING [1] TIL HOW INJURY OCCURRED. (partie waters on relief or miles in Part 1 (28 fort) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I'V EITHER INCITE'S MEDICAL EXAMINERS TIE PLACE OF INJURY 211 LOCATION STATE AT HOME, STREET, VACTORY, OFFICE, FARM, ETC.) 17s.1 certify that (I) Ithis hospital) attended the deceased from and that in \$100) (our) spinion death occurred on the date and have and from the aguses stated "buyogli jwe chid did ngr view the gode after death 17h SIONATURI DEGREE THE DATE SHONED ATTENDING T DIRECTOR | PHYSICIAN | 22d PHYSICIAN'S NAME (TYPE OR PRINT) 77e ADDRESS THE NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23d LOCATION / SPECIEYI STATE Burial Glen Haven Mem. Glen Burnie A.A. Co. Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE Singleton Funeral Home Glen Burnie, Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)



FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

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1.	REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO.				
1 DECEASED NAME FIRST		MIDDLE		l	LAST		2a. DATE OF D			DAY	YEAR	2b HOUR	
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3 SE	X		4 RACE		5. DATE O		W D	6 AGE (IN YEA	RS LAST BIRTHE		IF UNDER		IF UNDER 24 HR
	Female		White	Э	ı n	2	10	76)	YRS		DATI	TOOKS MIN
7a. B	RTHPLACE (STAT	E OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8	D NEVER	AADDIED [9 BALTIMOR					
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	ity or town of asadena	DEATH		HOSPITAL, NURSIN HEACHTY, GIVE STREET MALLWOOD			ITUTION	120 USUAL OF BAKER	CCUPATION OR MOST OF V	N WORKING LIF	12b. IND	KIND C	F BUSINESS C
13g .	al RESIDENCE (IF STATE aryland	13b COUN		GIVE RESIDENCE BEFORE 134, CITY OR TOW Pasadena		134 INSIDE C	ITY LIMITS?	13. SAEE 24.	SHAYT	ZIP CODE	Cor	ırt	21122
14. F/	Freder	ick	MDDLE	Winter	s		MAIDEN NA/		MIDDLE		Sch	nuer	holz
	WAS DECEASED E			16b. SOCIAL SECU	RITY NO.	17 INFORMA	NT		ADDRESS	S			
(YES, NO OR UNKNOW!	N) (IF YES, GIVE	WAR OR DATES)	217-18-6	-046	ıMadeli	ne Ambr	OSE	Sam	e as	136	Э	
	Conditions, if gove rise to couse (o), underlying c	immediate stating the	(b) (d)	RAS A CONSEQUE	less	hi Co	irdior	rased	an Al	sea	u	27	years.
N	PART 2 OTHER	SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO	nelle melle	NOT RELATED	TO THE TERM	IN AL DISEASE	OR CONDI	TION GIV	ENINE	PART In	0
CERTIFICATION	19a DATE OF OF	PERATION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFO	PRMED	20a AUTOF			YING		NGS USED S OF DEATH?
		AS UNDERLYING CAUSE OF DEA	117	PFINJURY M. MONTH DA M.	AY YEAR	21¢ HOW IN	JURY OCCUR	RED (ENTERNATE	JRE OF INJURY	IN ITEM 18 P	ART I OR	PART 2)	
MEDICAL	21d INJURY OC	CURRED	21e PLACE	OF INJURY	ARM. ETC.)	211 LOCATIO			CITY OR TOWN	7	CO	UNTY	STATE
2	AT WORK N	OT WHILE AT WORK				11,0	211		1/	2	0	1	WO ES
	saw the de	ot (I) (the hospiceceosed olive on	12	e deceased from	3-10	nd that in (my)	(aux) opinion	death occurred	on the dote	e ond hou	r ond la		that (I) (we) to couses stated
	22b. SIGNATUR		Fan	Allin	, 1	DEGREE	ATTENDING PHYSICIAN D	MEDICAL DIRECTOR	STAFF PHYSICIA		22	1/2	SIGNED 8/86
1	224 PHYSICIAN	'S NAME (TYPEO	R PRÍNT)			3768	Moun	fan I	Pd.	Pa	sai	len	ca. Mu

IMPORTANT: If Item 21 is marked or Item 18 shows any TO FUNERAL DIRECTOR. After should be detached for use as with the State Dept. of Health etoined by the hospitol or BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORIE MARYLAND 2120

DHMH - 16 60M 7/84 (VRA 15, 4)

and Mental Hygiene prior to burial, cremation,

certificate has been

Burial George J. Gonce 4001 Ritchie Highway Balto Md

230 BURIAL, CREMATION, REMOVAL

1/30/86

231 NAME OF CEMETERY OR CREMATORY
Meadowridge Mem Park

Baltimore

Howard Md

(EC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		TAL OR ATTENDING BUNCEFINE TEL In common show show here it was in the 34 hours after death
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e executed within 24 hours ofter depth. Page 4 may be a nond completely filled in the second director, page 3 Pages, Pand 2 should be second medical examine.	13 SE) 10 CT 130 S 114 FA	CEASED NAME FRST MIDDLE ROBINSON 76. DATE OF DEATH MONTH DAY YEAR 126 HOUR FORPRINT) Thelma Repara Robinson Jan 19, 1986 PM
w requires that the death certificate by been signed by the attending physicianity. Then please remove corbangopersoriar to buriol, cremation, or removal.	CERTIFICATION	18 CAUSE OF DEATH (Enter only one couse per line for oil, (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS CONSCOUENCE OF Underlying cause lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II. 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	C	ERTIFICATE OF DEATH	REG. NO		
	CEASED NAME FIRST	Ethel M.	Royal Royal	20 DATE OF DEATH	MONTH DAY YE	13 47
1. SE	× /= '	RACE W	DATE OF BIRTH MONTH DAY YEAR 03	6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN 76.	11/1	MARRIED NEVER MARRIED	PONE PANE	Arunde	+ / Co. MD.
5	everna Park	NAME OF HOSPITAL, NURSING F (IF NOT IN SUCH FACILITY, GIVE STREET ADDR Ne redian Vu		120 USUAL OCCUPATION OF WORK FOR MOST OF	WORTNG LIFE) INDUS	ND OF BUSINESS OR
	TATE 1 134 COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE ADM More Baltmo	YES NO D	130 STREET ADDRESS /	7/	-21728
2	Clarent James Mo	Francis Kearn	15 MOTHER'S MAIDENNA	229	VA.	LAST Cain
	DECEASED EVER IN U.S. ARME O OR UNKNOWN] (1F YES GIVE W			.Caldwell, E	1	-21236 Belair Rd.
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED EIMMEDIATE)					PROXIMATE INTERVAL WEEN ONSET AND DEATH WHICH INTE
8	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE			1	wker
	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE	ND HIP FLACTUR		6	5 months
NO	PART 2 OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	₹T 1:0
CERTIFICATION	TN DATE OF OPERATION	196 CONDITION FOR WHICH OPI	eration was performed	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAL YES	
	21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I ORPAR	T 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM		CITY OR TO	wn COUNT	Y STATE
	22a.1 certify that (I) (this haspital saw the deceased alive an abave, (I) (we) (did) (did not) v	1-9 1986	and that in (my) (aur) opinion	to /-/1-80 death accurred on the do		that (we) last not the causes stated
	France Splen A S	Julian mo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F _ /	OATE SIGNED
	50 MN D SA	RINTI	1833 POREST	DR. ANNAPOL	IS, MD Z	1401

230 NAME OF CEMETERY OR CREMATORY

Jan. 15, 1986 New Cathedral Cemetery Baltimore City, Md. 21229

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Henry Sander & Sons, Inc., Balto., Md.21213

230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Burial Tan

Burial

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BALTIMORE, MARTLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the comment call the received within 24 foots the application.	TO FUNERAL DIRECTOR. After this certificate has been signed by through the production and completely filled in the translate testing should be detached for use as the buriof-transit permit. Then please rather company and the State Dept. of Health and Mental Hygiene prior to burial, cremath	IMPORTANT: If hem 21 is marked or hem 18 shows any injury, or other thairmain event. The medical contribution of the	1645

DHMH - 16 60M 7/84 (VRA 15, 4)

R ATE GISTRAR		DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	TAL HYGIENE
EDNAME	FIRST	MIDDLE	LAST	20 DA

8001	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HÝ CERTIFICATE OF DEATH	GIENE REG. NO).	EST
		EASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
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12 66	7a BIF	THPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	DEATH
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1 35	USUA 130 S	L RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSIONIL			140,21146
193	4.FA	THER'S NAME	1. TI. Devel	15 MOTHER'S MAIDEN N	AME	SITICI	may
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Fings		(AS DECEASED EVER IN U.S. AR	MED FORCES? 166 (DETAILS)		Rubera	SF SF	ME AS)
1		PART I. DEATH WAS CAUSE	ily ane cause per line for (a), (b), and BY TE CAUSE (a)		grest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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Then plea to burial, injury, or o	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	, 0	OITION GIVEN	IN PART Ira
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use of teolfiles and sense of the sense of t			tal) ottended the deceased from_	, 19	, to		, that (1: (we) lost
of 10 of 12		saw the deceased alive on abave, (I) (did) (did no	19	, and that in (my) (aur) apinion	deoth occurred an the do	te and hour or	nd from the causes stated
old be detoched the State Dept.		226. SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	1 26/87
		224 PHYSICIAN'S NAME (TYPE C			205 B & A BL		
ohs M	23a B	BASANT K UNIA CREMATION, REMOVAL	1 - Z9 - 86	NAME OF CEMETERY OF CREMATORY	URNIE MARYI	AND 210	sville AAr
		NERAL DIRECTOR		No. of the latest of the lates	TE REC'D. BY REGISTRAR	The Property of the Party of th	

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3	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and car altitude in the interest director page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page the notification of the little and Mental Hygiene prior to burial, cremation, ar removal.	5
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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed antices a flour after deaths age 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remave carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If them 21 is marked at them 18 mars any injury, at other traumatic event, the medical arguments and injury.
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1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

STATE OF MARYLAND	0	0	2	5	
RTMENT OF HEALTH AND MENTAL HYGIENE					

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	CEASED NAME FIRST	TH	ERESA		SELL SELL	20 DATE OF DEATH JANUA	PY 02	1986	26 HOU
-	Female A RACE 5.		5. DATE C	8-18 ⁶ 9'8 YEAR	6. AGE LIN YEARS LAST B		IF UNDER I YEAR	IF UNDER	
Ba.	IRTHPLACE (STATE OR FOREIGN THO:, MD	USA	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY ANNE	ARUNDE		TY
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130 S M	AL RESIDENCE (IF NURSING HOME C STATE 136. COU D		Balto.,	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4409 Annta		., 212	206
14. FA	ATHER'S NAME FIRST Unknown	WIDDLE	LAST	•	15 MOTHER'S MAIDEN NA Unknown	MIDDLE		ŁA5	51
	NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	16b SOCIAL SECU 213-10-3						,
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause pe	er line to al, (b), and	q fc.	Baltimore, Ma	ryland 2.	1206	BETWEEN	ONSET AND
		TE CAUSE (a)	OR AS ACONSEQUE	2		· A			7
		DUE TO, C DUE TO, C DUE TO, C (b) DUE TO, C	DRAS A CONSEQUE	ENCE OF U	enst Den ick Den	raf fels	Cloth.	N IN PART 1	a
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DHMH - 16 60M 7/84 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be contained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and continued by the certificate has been signed by the ottendence or bondoppers. Pages is a distributed for use as the burial-transit permit. Then please remaye carbonapapers. Pages is a distributed for use as the burial-transit permit. Then please remaye carbonapapers. Pages is a Health and Mental Hygiene prior to burial, cremotion, or removal.	IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumatic event, the inedical high

DHMH - 16 50M 4/83 (VRA 15, 4)

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		FOR		DEPARTMENT	OF HE	ALTH AND MENTAL HYGIE	ENE	O dia	~ (
	-	STATE				CATE OF DEATH				
		REGISTRAR		(1	KIIFI	CATE OF DEATH	REG. NO	D.		
1	1. DEC	CEASED NAME O ERST		MIDDLE	LAS	Ti.	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	(TYPE	OR PRINT)	1	. <				21 1	001	175
		Della	5		an	00500	Januar	10611	406	INFM
	3. SEX		4 RACE	15.0	ATE OF	BIRTH	AGE TIN YEARS LAST BIR	HDAY IF UNI	DERTYEAR	IF UNDER 24 HRS
	3. JL/		1 1 1 1	3. 0	MONTH	DAY YEAR	-	MONTH	5 DAYS	HOURS MIN.
1	7	Lemale	white		22	08 91	955 7	4 YRS		
//	7. 00	PTHPLACE STATE OF FOREIGN	75 CITIZENI OF	WHAT COUNTRY? 8	000		BALTIMORE CITY O	COUNTY OF	EATH	
1	70 0	COUNTRY)		M	ARRIED	NEVER MARRIED	BALLIMORE CITT O	E COOM TOTAL	2.7111	
ĸ	n	elaware	U.S.	A . Will	DOWED		Anne Ar	Indel		MD.
\sim		TY OR TOWN OF DEATH		HOSPITAL, NURSING HO			17a USUAL OCCUPATION		L KIND OF	BUSINESS OR
21	10 C	IT OR TOWN OF DEATH		THE FACILITY, GIVE STREET ADDRE		OTHER INSTITUTION	TYPE OF WORK FOR MOST O		DUSTRY	
	CI	en Burnie				lescent Cen	t. Pract.		He	alth
4						rescent oen	C. IIucc.	nul of	7.17	
11	130 9	AL RESIDENCE HE NURSING HOM	E OR OTHER INSTITUTION	13c. CITY OR TOWN		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIR CODE	0101	UGG
75	-			Dover		YES IN NO I	unknown		01/1	
4		laware	Kent	Dover				1//	01.	
m.	14. FA	THER'S NAME			- 1	15. MOTHER'S MAIDEN NAM				
11		FIRST	MIDDLE	LAST.		Annie M.	Cole MIDDLE		LAST	
11.		John W. Ti	gner							
	16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY	NO.	17 INFORMANT	ADDRE		- 50	
2	[1	YES, AND UNKNOWN) (IF YES	GIVE WAR OR DATES)	222 20 3				126 Te	al D	r.
				$\frac{1}{22} - \frac{20}{3}$	852	Donald C.	Jones	Downla	****	$M_1 - 2112$
		18. CAUSE OF DEATH (Ente	naly one couse ne	Ane for tot (b) and ici				ruseur	RETWIEN O	MATERIAL TO SET AND DEATH
		PART I. DEATH WAS CAL	JSED BY	1	0	(0)			JAC THE ELITO	NOLT AND LICENS
		IMMED	IATE CAUSE (0)	Japins	1	steed	my			
		DUE TO, OR AS A CONSEQUENCE OF								
	-	Conditions, if ony, which (b) ASCVB CHF								
		gove rise to immediate								
		underlying couse lost	DUE TO, O	R AS A CONSEQUENCE	OF	Page 1	1			
		underlying couse lost	((c)	ander	des	relesson Se	1			
		PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO DEAT	H BLIT N	OT RELATED TO THE TERMIN	VAL DISEASE OF CON	DITION GIVEN IN	PART 1:0	
	z	TAKE 2 OTTER STORTER CAL	T CONDINONS C	ON THE OTHER PROPERTY.		TO THE TERM	THE DIOCHOL ON CO. 1	3111011 0111211 11		
_	0			ORS						
7	A	19a DATE OF OPERATION	19b COND	ITION FOR WHICH OPE	RATION	WAS PERFORMED	200 AUTOPSY?	206 IF YES, WE		
1	5		1000					IN CERTIFYING	CAUSES	
	Ē						YES NO	YES [NO 🗌
1	CERTIFICATION	71a. ACCIDENT WAS UNDERLYING				71c HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN LIEM 18 PART I C	OR PART 2)	
1.		OR CONTRIBUTING CAUSE OF	DEATH HOUR A	M. MONTH DAY	YEAR					
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM	INER) P.	M.	19					
	ā	71d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION				
	ME	WHILE NOT WHILE	AT HOME, ST	REET, FACTORY, OFFICE, FARM, E	1C }	STREET	CITY OR 10	WN C	OUNTY	STATE
		AT WORK NOT WHILE								
		220 I certify that (I) (this he	spital) attended th	e deceased from	-	7 19 50	10 /-	19	8.6	hot (i) (we) lost
				10 17	1)	, , , , , , , , , , , , , , , , , , , ,				
		sow the deceased alive	not) view the hody	folter denth	, ond	I that in (my) (our) apinion de	eoin occurred on the do	are and nour and	from the c	ouses stated
		775 SIGNADERE		0.	D	EGREE			77c DATE S	IGNED .
		///	. 0	(//		ATTENDING .	MEDICAL _ STAF		4	- 01
	3.33	1 101 110	mala.	· VA	M		DIRECTOR PHYSIC		1-	26-06
1		THE PHYSICIAN'S NAME OF	DE COR ENTAGE			72e ADDRESS				
				0						
		1/11/11	laca	(0)	40 10	605 R	XA BI	111 .	JP	red
_	-	10100	16	44	40	0010	Improcessor	4		1
		BURIAL, CREMATION, REMOV	AL 23h DATE	73(NAM	OF CE	METERY OR CREMATORY	23d LOCATION	ros	S. AINI	1186
	1	Burial	1/28/	86 Odd	Fe	11ows Cemet		na. Del	awar	· e
	24.5		12/20/	Odd.	t.					
	125	UNERAL DIRECTOR	11 301	TIMIE	TU	ZSO. DATE	REC'D. BY REGISTRAR	30 REGISTRARS	SIGNAT	A L. W. COM
	113	DRPAL YA	H SEIVE	FRAAPK I	MA	.21146 JA	N 2 9 19861	3 Mary	/(d/20/	Market EL
		DIVINO V	11	-4011	1.10	.011	11 2 0 1000	4		-

PRIZERY XTHANGE HOOLINGS

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		FOR	DED		E OF MARYLAND	3 6	0 2 5	on!		
	1.	- STATE REGISTRAR	DEP		FICATE OF DEATH	REG. NO		EST		
		CEASED NAME FIRST	MIOOLE		LAST	20. DATE OF DEATH		2b HOUR		
	TYPE	WILLARD	L	SAW	TERS .	JANUARY	15, 1986	5 1045 AM		
	3. SE		4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR				
		Male	White	MONT	- 1 - 1	79	YRS DAY	S HOURS MIN		
9		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	D KNEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH			
Z		West Virginia	U.S.A.	WIDOW		ANNE A	RUNDEL COUR	VIY MD		
1	10 C	GLEN BURNIE	11. NAME OF HOSPITAL, NO (IF NOT IN SUCH FACILITY, GIVE NORTH ARUN	URSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATE TYPE OF WORK FOR MOST O Burner	F WORKING LIFE INDUSTR	OF BUSINESS OR Building		
5	130. 5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	INTY 13c. CITY OR		134 INSIDE CITY LIMITS?	322 Stiem	ZIP CODE ly Avenue 2	21061		
1	14. FA	ATHER'S NAME FIRST	MIDDLE LAS	Sawyers	15. MOTHER'S MAIDEN NA	MIDDLE	S	awyers		
T		WAS DECEASED EVER IN U.S. A	RMED FORCES? 160 SOCIAL	SECURITY NO.	17 INFORMANT	NFORMANT ADDRESS				
		NO (if tes, o	234-10	6-3544	Zera Sawyer	s Same	as 13e			
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS		Sauce of	the lu	7			
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TILL INAL DISEASE OR CONDITION GIVEN IN PART 110								
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUS YES []	DINGS USED ES OF DEATH? NO		
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	LY IN ITEM IS PART I OR PART 2	3		
	MEDICAL	714 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY O	FFICE FARM ETC)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE		
			pital) attended the degeased f		nd that ir (my Pour) opinion	death accurred on the do	ite and hour and from the	e, that (I) (we) last he causes stated		
		27K SIGNATURE	cai.	7		MEDICAL STAF	7	15/86		
		22E PHTSCIAN'S NAME THE	pt resc)		22e ADDRESS 7:	300 RITCHIE	HIGHWAY			
		JAMES J. B	ENTAWIN M.D.			RNTE MARYL				
	23a. E	BURIAL, CREMATION, REMOVA	L 23b. DATE	231 NAME OF	EMETERY OR CREMATORY	23d LOCATION				

(SPECIFY)

Burial

74 FUNERAL DIRECTOR
George J. Gonce 4001 Ritchiere Hgwy Balto Md

1/18/86

Baltimore Meadowridge Mem Park

Howard

Md

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

JAN 20 1986

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STATE OF MARYLAND								
DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE			
CE	RTI	FICATE	OF	DEATH				

28070	1-	FOR STATE REGISTRAR		DEPARTM	ENT OF H	EALTH AND MENTAL HYG	IENE REG.	NO.	i. J	
Seorh A		PRINTIA NTIONA	KITTE	I. 5	CHI	VEI DER	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR 8 15 AM
1	1,560	Female		ite	S DATE C	2 1 1886	6 AGE IN YEARS LAST	7	IF UNDER 1 YEAR	HOURS MIN
69	ı	RTHPLACE (STATE OR FOREIGN OUNTRY) IEW YORK	BUPAL		WIDOWE	- Lefter	9 BALTIMORE CITY	RAOUD	RL A	mundel MD.
90	0	ROFTON	Crofto	n Convals	odress)	Center INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Homemake	ST OF WORKING LIFE	126 KIND (INDUSTRY	OF BUSINESS OR
35	13a S Ma 1	RESIDENCE (IF NURSING HOME OF TATE 136 COUN Yland Prince	NTY	13c. CITY OR TOWN		YES XX NO	13e.STREET ADDRES	s / zip code dwood L	ane	20715
16		THER'S NAME FIRST Phillip VAS DECEASED EVER IN U.S. AR	WIDDLE	Stalter 166 SOCIAL SECUE	DITY NO	15 MOTHER'S MAIDEN NAME FIRST Kath	nerine MIDDLE		Stal	ter
2	10	ES, NO OR UNKNOWN] (IF YES GIV	E WAR OR DATES)	116-38-67	20	Alba N. Bled			e, Md.	
bon paper removal cevent, t		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per l DBY: TE CAUSE (o)	old a	ge					ALL ONSET AND DEATH
nove cor vation, or travmats	3	Conditions, if ony, which gove rise to immediate	DUE TO, OR	T WELL	illa	bleeda	119			
Ed by the please re rial, crest or other		couse (o), stoting the underlying couse lost	(Ic)	AS A CONSEQUE		r	205-05-02-50			
or to be	ATION	PART 2 OTHER SIGNIFICANT (ONLY CO 190 DATE OF OPERATION	1- 56	nda	19	N WAS PERFORMED	20a AUTOPSY?		WERE FINDS	
	CERTIFICATION	N/A-				21c. HOW INJURY OCCURR	YES NO	IN CERTIFY YES	ING CAUSES	S OF DEATH?
Acendition of the second of th	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA	HOUR A.A	n. MONTH DA n.	Y YEAR	211 LOCATION	ED (ENIER NATURE OF II	TOTAL IN THE MILES	INTOXPANT2)	
to the p	MEE	NOT WHILE AT WORK	(AT HOME STRE	EET, FACTORY, OFFICE FA	RM ETC	STREET	CITY OR	10WN	COUNTY	STATE
d for set 1. set fleo m 2.1 is n		22a I certify that (I) (this hospi sow the deceased alive an above, (I) (we joid) (did no		6/19/198		d that in (my) (our) opinion o	eoth occurred on the	dote and hou		that (I) (we) last couses stated
Note Dept.		22d PHYSICIAN'S NAME (TYPE O	ut fo	icas or		ATTENDING PHYSICIAN		TAFF SICIAN [1//	8/86
MACORTAL STATES		OSCSY)	4. FAR	- / /		CROFTON	MEDICA	RL GRE	DUP-L	ROFTON
	,	Cremation, REMOVAL	Jan 18	, 1986 N	letro	emetery or crematory politan Cremat				/irginia
660M 7/84 15, 4)		eall Funeral Ho	Beal	16000 A Bowie,	-	OLLD III.	N 24 1986			TURE

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Caryland Frince Georgep Rowin to: 12:08 Michood Lane 20:08

110-30-0700 Alba B. Blechinger Forte, Mr.

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Greenian Jan 15, 1955 Metropolitan Grenstory Alexandria, Virginia

entl Frank Lore | Lore | Maryland |

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DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALTIMORE, MARYLAND 21201	s the	oleas	o Lo
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	ATI	d fo	E 2
	0 e	Dep	# He
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter dec retained by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and calling it is at the should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT; if Hem 21 is morked or Nem 18-dows any injury, ar other traumatic event, the medical countries
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	e 0	F 4 3	₹-

DHMH - 16 50M 4/83 (VRA 15, 4)

Funeral

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

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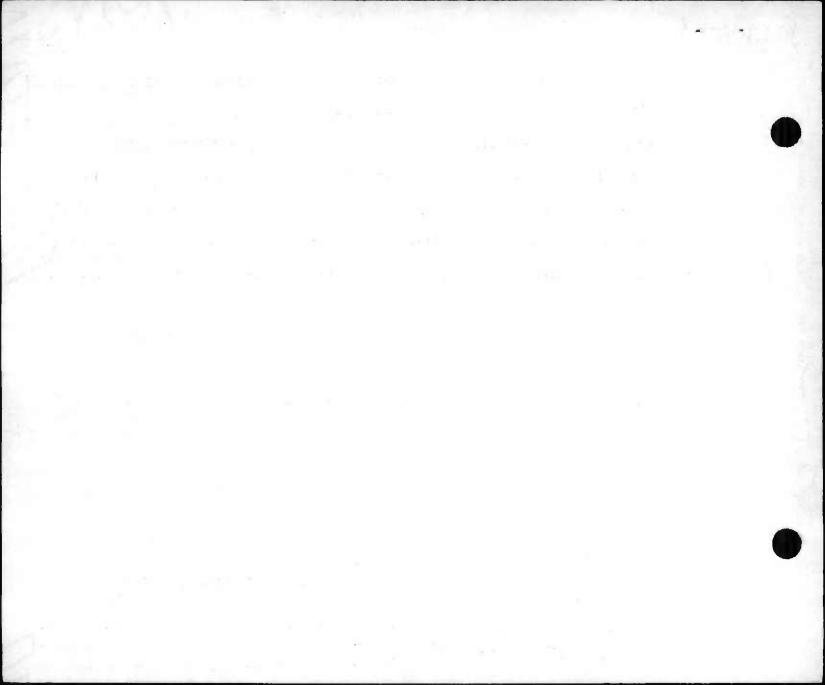
~ STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. NO).	
1. DECEASED NAME FIRST (TYPE OR PRINT)	N	EA HAS	D C T 2 K	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR 45
3. SEX Female	4. RACE Whit	MONI	OF BIRTH TH DAY YEAR 19-3-05	6 AGE (IN YEARS LAST BIRT	HDAY) # UNDER I YEA	AR IF UNDER 24 HAS
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Marvland	76 CITIZEN OF V	WHAT COUNTRY? 8. MARRI	ED NEVER MARRIED	9. BALTIMORE CITY OF		•
Glen Burnie	(IF NOT IN SUCE	A. WIDOW HOSPITAL, NURSING HOME HEACHITY, GIVE STREET ADDRESS) CONOTTH Aru		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSewif	WORKING LIFE) INDUSTR	OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136 COU	YTAL	GIVE RESIDENCE BEFORE ADMISSION: 13c. CITY OR TOWN Balto.	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / 515 Taney	ZIP CODE	25
Francis Francis	MIDDLE	Zahrobsky	Barbara	WIDDIE	Sou	stek
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C	RMED FORCES?	166 SOCIAL SECURITY NO. 214-46-0952	Norma Emir	addre nizer Sai	me as #13	Oxwate interval In onset and death
	(b) DUE TO, OR (c)	R AS A CONSEQUENCE OF	T NOT RELATED TO THE TERM	ainal Disease or cond)ITION GIVEN IN PART) years
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDI	TION FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINE IN CERTIFYING CAUSE YES	
OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	21a. PLACE (M. MONTH DAY YEAR M. 19	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR) STATE
AT WORK AT WORK 270 I certify that (1) (this has saw the deceased alive a above, (1) (we) (did) did	n //	N 198 5 5	. 19 and that in (my) (our) opinion	to 2) death occurred on the do	te and hour and from the	, that (1) (we) los he causes stated
276. SIGNATURE	hler	1	ATTENDING PHYSICIAN	MEDICAL STAF	F - 74	TE SIGNED
220 PY OF BUS NAME (TYPE	EHLE	RThMD	27e ADDRESS	envingto	, Avec	21216
Burial, CREMATION, REMOVA		()31 NAME OF 86 Cedar	CEMETERY OF CREMATORY Hill Cem	Balto.	EQUNITY A.A.	STATE
24 FUNERAL DIRECTOR			[250 DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	ATURE

008422	1 -	STATE REGISTRAR			DEPART		ICATE OF DEATH		DEC NO		EST
037133		CEASED NAME	FIRST		MIDDLE	ł	AST	2a. DATE OF DE	ATH MONTH	DAY YE	
ge 3	(TYPE	OR PRINT)	LLIAM	1	Raymon	d SCH	HUMAN	JANUAR	Y 31, 1	.986	12:07 P
and . Poo	3 SE	X	1	RACE		5. DATE C	DAN WAR	6 AGE (IN YEAR	LAST BIRTHDAY)	IF UNDER I	YEAR IF UNDER 24 HRS
4 00		Male		Cauc	asian	03	-24-1900	85	YR		ATS NOURS MIN.
2 32 86		RTHPLACE (STATE OR FOR	IGN 7b	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE			Н
		laryland		U.	S.A.	WIDOWE		ANNE	ARUNDEL	COUNT	Y MD.
64	-	ITY OR TOWN OF DEATH	11	(IF NOT IN SU	HOSPITAL, NURSIN THE FACILITY, GIVE STREET ORTH ARU	ADDRESS)	OR OTHER INSTITUTION HOSPITAL	12a USUAL OC	CUPATION	12b KI	ND OF BUSINESS OR
to the second		AL RESIDENCE (IF NURSING STATE MD	HOME OR OF	(GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS? YES NO 🖄	STREET ADD	ress / zie co	e Rd.	21061
ed within	14 FA	George	MI	DDLE	Schum	an	15 MOTHER'S MAIDEN NA		MODLE		Schultz
nedko		VAS DECEASED EVER IN YES, NO OR UNKNOWN)		ED FORCES?	216-44		17 INFORMANT Clara V.	Schuman	ADDRESS Same	e as #	
physicili npaper moval		18 CAUSE OF DEATH (PART I. DEATH WAS	Enter anly CAUSED	BY		Aru	cardial w			BETV	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
that the death cer I by the ottending tose remove carbo os, cremation, or re riother troumotice		Conditions, if ony, w gave rise ta immed couse (a), stoting underlying cause	hich liote the	DUE TO, O	R AS A CONSEQUE	ENCE OF					
equires in signed Then pla ir to burit jury, o	NOI	PART 2 OTHER SIGNIF	CANTCO	nditions <u>c</u>	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE O	r condition	GIVEN IN PAI	RT 1:a
on. hos bee	CERTIFICATION	190 DATE OF OPERALIC	0		ostate.		n was performed	200 AUTOPS	Y? 20b. IF IN CE	YES, WERE FI RTIFYING CAI YES	IND INGS USED USES OF DEATH? NO
g physics g physics entificate riol-transi entol Hyg tem 18 s	-	21a. ACCIDENT WAS UNDERI OR CONTRIBUTING CAU LIFETIMER NOTIFY MEDICAL	SE OF DEATH		OF INJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTERNATUR	OF INJURY IN ITEM	A 18 PART I OR PAR	tT 2)
offending offending offending offending offend Mc ond Mc ond Mc ond Mc ond Mc ond Mc ond Mc offendor offending offen	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		71e PLACE	OF INJURY REET FACTORY OFFICE F	.1	211 LOCATION STREET	c	ITY OR TOWN	COUNT	TY STATE
AL OR ATTENDII , the hospital or AL DIRECTOR A detoched for use of ore Dept of Heoli II: If Item 21 is mo		22a. I certify that (I) (the sow the deceased obove,(II)(we) (did	alive an_	123	19 8	21	nd that in (my)(aur) opinian	deoth accurred o	n the date ond	hour and from	, that (we) lost in the causes stated
		22b. SIGNATUIT	day	Na	lan		. 1/	MEDICAL DIRECTOR	STAFF PHYSICIAN [722 . [13186
CO HOSPITA etoined by TO FUNERA should be de with the Stot		VICTOR SA						QUAHART BURNIE,		ND 210	61
5 € 5 € 3 ₹		BURIAL, CREMATION, RE		23b. DATE	236 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATIO	N		
BP		Burial		2-3-	86 Ce	dar I	Hill Cem.	Ba.1 t		A - A	STATE MID
DHMH - 16 60M 7/84 (VRA 15, 4)	MC	oneral director Cully Fun	eral					B 04 19	ISTRAR 256 REC		

STATE OF MARYLAND

STATE OF MARYLAND	8 6
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

8013085	1 -	FOR STATE REGISTRAR			DEPA	ARTMENT O		RYLAND AND MENTAL HY OF DEATH	GIENE 6	0 0 REG. NO.	2 5	8 EST
		CEASED NAME	FIRST		MIDDIE		LAST		20. DATE OF		DAY YEAR	2b HOUR
ay be age 3 death	{TYPE	OR PRINT)	EDIT	н м	IAUDE	S	COTT		TANITI	ARY 6, 1	986	10:40
A Dood	3. SE	(4 RACE	41000	5. DA	E OF BIRTH			RS (AST BIRTHDAY)	IF UNDER 1 YEAR	F UNDER 24 HRS
s offi		Female		Whit	ce	Mar		9, 1903	82	Y	MONTHS DAYS	HOURS MIN.
Poor in Poor		RTHPLACE STATE OR I	OREIGN	76 CITIZEN OF	WHAT COUNT	DV2 R		VER MARRIED			NTY OF DEATH	
de of har not		Scotland		Scotla	and		WED X	DIVORCED T	ANNE	ARUNDEL	COUNTY	MD
s after dea	10, C1	TY OR TOWN OF DEA	ATH	11. NAME OF			E OR OTHER	INSTITUTION	12e USUAL O	CCUPATION OR MOST OF WORK II	126. KIND	OF BUSINESS OR
by the	GL	EN BURNIE			ARUNDI		PITAL		Cashi			ey Pharmac
ND 212 24 hours filled in auld be f	13a S	ALRESIDENCE (# NURS TATE aryland	13b COU	ROTHER INSTITUTION. NTY Arunde 1	13c. CITY OR 1		134 INS	IDE CITY LIMITS?		DDRESS / ZIP C		21061
YLA The Present of th	-	THER'S NAME						HER'S MAIDEN N	AME			
MAR mple		Ernest		R.	Sad	ler	1	Mary	E	MIDDLE	Wrai	ith
# 19 T		VAS DECEASED EVER			166 SOCIALS	ECURITY NO). 17 INFO	RMANT		ADDRESS	19 Cedar	Drive
MO Red medi	(NO OR UNKNOWN)		ne	220.2	4.4762	Chai	clene E.	Gunther	(Daugh	nter) G.E	3. Md.
201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 es that the death certil control ampletely filled in by please remove corbon and control and 2 shauld be fill viral, cremotion, ar remon.		Conditions, if ony, gove rise to imr couse (o), statin underlying couse	which mediate g the lost	DUE TO, O DUE TO, O DUE TO, O (c)	RESAL RAS A CONSE RAS A CONSE	EOUENCE O	40 C/	ARRU ARDIAL	126			
RDS,	Z	METASTI			DER	CARC	IND	nA, PR	MARY	LUNI	· BLAST	OMA
NG PHYSICIAN: The low requirent ortending physicion. offer this certificate has been signs the burial-transit permit. There thank mental Hygiere prior to backed or Item 18 shows any injur	CERTIFICATION	190 DATE OF OPERA		196 COND	ITION FOR WH				20s AUTOF	SY? 20b. II	FYES, WERE FIND ERTIFYING CAUSE YES [INGS USED
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DHMH - 16 50M 4/83 (VRA 15, 4)		ingleton F	unera	1 Home,	Glen B	urnie	Md.			86 Julia	GISTRAR'S SIGNA	indell



DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND	2 1
DEPARTMENT OF HEALTH AND MENTAL	HY GIENE
CERTIFICATE OF DEATH	

010009 - STATE REGISTRAR REG. NO LAST DECEASED NAME MIDDLE 20 DATE OF DEATH YEAR 26 HOUR TYPE OR PRINT SEELMAN 1150 JOHN TANHARY 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 3 SEX 4 RACE IF UNDER 24 HRS 8-22-1896 male white TO BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY United States Virginia WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) GLEN BURNIE Carpenter USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1134. COUNTY
1137. CITY OR TOWN 1136 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 112 Granada Rd. 21061 Anne Arundel Glen Burnie YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LASI FIRST John Seelman Vondelher Henrietta 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 112 Granada Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (g. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? CERTIFYING CAUSES OF DEATH? NOL YES [NO 21a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE STREET CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC.) AT WORK NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from and that in (my (our) pointan death accurred on the date and hour and from the causes stated obove, (U) (wet did I (did not) view the body after death 22c. DATE SIGNED ATTENDING PHYSICIAN P DIRECTOR PHYSICIAN 22e ADDRESS OAKTOOD PD. SHITE MD 21061 230 BURIAL CREMATION, REMOVAL 236 LOCATION 236. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OR TOWN Rurial Riverview Cem Richmond Virginia 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

> ADDRESS Mc Cully Funeral Home 3204 Mountain Rd

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DHMH - 16 60M 7/84 (VRA 15, 4)

236 DATE 230 BURIAL, CREMATION, REMOVAL

P MOUTSOS, M.D.

GLEN BURNIE, MD 21061

MD

236 DATE 1-25-86 Loudon Park Cem. Baltimore MT 237 ADDR. Patapsco Av 250 DATE REC'D. BY REGISTRAR'S SIGNATURE Homes Balto. MD 21225 JAN 28 1986 Sala Surday Andre Buria
24 FUNERAL DIRECTOR



NAME OF THE PARTY OF THE PARTY

1,	FOR STATE			DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG	BENE 6 0 0	2. 6 1
L	REGISTRAR					ICATE OF DEATH	REG. NO.	ES
	CEASED NAME	FIRST		WIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		JOHN		PAUL	SEII		JANUARY	29, 1986 1231
3. SE			4. RACE		5. DATE (6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS N
	Male			hite	1	1 4 30	55 YRS.	
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13a	AL RESIDENCE IF NUR STATE Maryland	SING HOME OR		130 CITY OR RIVIER	efore admission) TOWN BCh	134 INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS / ZIP COL 184 Carroll Ro	ad 21122
14 F/	ATHER'S NAME FIRST John		MIDDOLE Paul	LAST	Seidl	Cecelia	WE	Physter
	WAS DECEASED EVER		E WAR OR DATES		-1729	Dolores A.	ADDRESS Seidl Same a	s 13e
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	BON N	1	ark	h		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1-29 cf
	THE PHYSICIAN (1)			TIN W.T		22e ADDRESS	25 HOSPITAL DRIV	
	HILAB	Y I	()'HEKL	IHY. M.		I GLEN BU	RNIE MARYLAND	21001
23a.	BURIAL, CREMATION (SPECIFY) Buria	REMOVAL	23b. DATE	IHY, M.I 1/86	23c. NAME OF	CEMETERY OR CREMATORY TOSS CEMETERY	23d LOCATION	CAUNTA ST

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

George J. Gonce 4001 Ritchie Rwy Balto Md

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FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	6 0 0 2 6 2 REG. NO.
ECEASED NAME FIRST MIDDLE FIRST FIRST FIRST MIDDLE FIRST FIR	SHERLOCK	29. DATE OF DEATH MONTH DAY YEAR 26 HOUR 25 86
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MAZPOLIS 1006 P	ital, nursing home or other institution any, give street address) St.	126 USUAL OCCUPATION, 126 KIND OF BUSINESS OR INDUSTRIAL HOME MAKEY HOME
	LITY OR TOWN 13d, INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIFI CODE St. 21403
Benjaman MODIE	Brown 15. MOTHER'S MAIDEN NAM	ME Branzell
(IF YES, GIVE WAR OR DATES)	SOCIAL SECURITY NO. 117. INFORMANT EDWARD	P. Sherlock #13
18 CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY.	for (a), (b) and (c) Cardiopulinonary	and BETWEEN ONSE! AND DEATH.
Conditions, if ony, which	a consequence of al infaretre	in 1/5/86 3whe

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PHYSICIAN DIRECTOR PHYSICIAN LITTE OR PRINTS 22e. ADDRESS CREMATION REMOVAL EC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

and Mental Hygiene prior

If Hem 21 is

MPORTANT

DHMH - 16 50M 4/83 (VRA 15, 4)

ELLEN L SHERLOCK 1 SER A Female Unite Hips 1, 1920 Cos MD USH * Home Arendal Firms polis 1000 President St. Homemaker Home My HA Honophis x mollested St. 21403 Benjaman Brown Ellen Branzell No - Edward P. Sherlock #13 the state of the s Cremition 1/26/86 Coch Hillientey Surthmed P.E. M. Trylo Tover Ochopel Hungelic Mis

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires the thic deals conflict to assecuted within 24 hours other depth, Fage 4 may be	g physician and completely filled in by the Liveral durater, page 3 non-papers. Pages, Lend 2 should be filled within 72 hours after death removal.
religate he executed within	Continued by the hotiginal or attending physician. TO FUNERAL DEECTOE After this certificate host been signed by including physician and completely filled in by the through the detached for use as the bundal-transit permit. Then please-common propers, Poges, a gird 3 should be filled with the State Deep of Health and Meeted Physiere prior to though, or resident. An entired. WINDERTAIL If then 21 is marked or then 18 shows any plays, or other traumatic event, the medical engages and the health of the health of the property or other traumatic event, the medical engages and the health of the property of the property or other traumatic event, the medical engages and the property of the property
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(VRA 15, 4)

FOR STATE REGISTRAR

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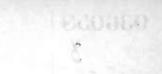
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RTMENT OF HEALTH AND MENTAL HYGIENE					
CERTIFICATE OF DEATH	REG. NO).			

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¥ 9 1 5	14	PHYSICIAN'S NAME TO PE	01700190	PHYSICIAI	DIRECTOR PHYSIC	CIAN
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0848	/	MICHAEL	J. LG TENIA	MN 1100 Cal	DUNGS MU	E, MANAPULU MIDI
Circ I	Z3a, Bigiti	CREMATION, REMOVA	AL 236 DATE	230 NAME OF CEMETERY OR CREMATO	RY 1994 LOCATION	/ contrast / non
19		BURIAL	1/20/86	MT. CALVARY	Con Cole	enters Opio A
6 10M 7/84	24 FUD 8	RAL DIRECTOR	1	01 139	DATE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE
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Thema K Smith Tanuary 1 3. SEX 4. RACE 5. DATE OF BIRTH Fenale Courceston 70. BIRTHPLACE (STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? 8 WIDOWED M DIVORCED ANNO ATUNC WIDOWED M DIVORCED ANNO ATUNC (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	HOAY) WONTHS DAYS HOURS 7 YRS. R COUNTY OF DEATH
3. SEX 4. RACE 5. DAJE OF BIRTH DAY YEAR 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) TO STATE OF FOREIGN TO CITY OR TOWN OF BEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (If NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12. SAJE OF BIRTH 13. SEX 6. AGE (IN YEARS LAST BIRTH 14. AGE 15. DAJE OF BIRTH 16. AGE 17. BACTIMORE CITY OR 17. BALTIMORE CITY OR ANNO. ATUMOR 18. USUAL OCCUPATION (If NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	HOAY) WONTHS DAYS HOURS 7 YRS R COUNTY OF DEATH
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James B Kesler Catherine B.	Unknown
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18 CAUSE OF DEATH. Enter only one cause per line for (a), by and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ceveral
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oge dea		WILLIAM	EDWIN		SMITH	JANUARY 30,		3:10 M
ctor p	3. SE	Male	4.RACE White	Sept.	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 76 YR	MUNTHS DATS HOUR	DER 24 HRS
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TENDIN Spitol or CTOR: At I for use of Healt n 21 is ma		220 Certify that (1) (this hospit saw the deceased alive on above, (1) (we) (did flat		19, ar	nd that in (my) (our) opinian	, to death accurred on the date and	haur and from the causes	
TAL OK yy the ho RAL DIRE detached tate Dept		22b SIGNATURE	~			MEDICAL STAFF DIRECTOR PHYSICIAN	22¢ DATE SIGNE	D
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BP		BURIAL, CREMATION, REMOVAL SPECIFY Burial	Feb. 1, 86		Hill Cemetery	Baltimore	AA	MD
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FI	JNERAL DIRECTOR James S. Kirkl	ey, Glen Burn	ie, MD	?FEE	6 0 1 1986 RAR 235 REC	AA Stibuloscopandal	1



STATE OF MARYLAND

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7	USU	AL RESIDENCE (IF NURSING HOME OR OTH						100000	73.0		0.2114
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1		CC Gul	~ M)			NDING SICIAN	MEDICAL DIRECTOR	STAF			
		224 PHYSICIAN'S NAME (TYPE OF PRI	NT)		22e ADDRESS						
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TO FUNERAL DIRECTO should be detached for with the State Dept. of

IMPORTANT: If hem 2

230 BURIAL, CREMATION, REMOVAL

236 DATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

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		DEPARTI	MENT OF H	EALTH AND MENTAL HYG	IENE 0	0	26	1
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Y OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	VORKING LIFE	126 KIND O	F BUSINESS OR
				ITAL	Federal Emp	ploye	e Ret	red
ATE 13b. COUN	VIY	Glen Bu	rnie		604 Gleny	IP CODE	2106	61
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	MIDDLE	Stern		Mabel			Tyle	er
AS DECEASED EVER IN U.S. AR				17 INFORMANT				
	_	213-01-3	311	Betty Stern	, wife, same	as 1	3	
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SOW THE decedsed office of	obove, (I) (we) (did) (did 001) view the body after death.							SIGNED
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STATE OF MARYLAND

THE DATE OF A PARTY.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

ATTENDING PHYSICIAN The low requires that the death certificate be executed

ottending physicion.

TO HOSPITAL OR ATTENDIN

BP

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician is should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	0	60	6	3

				REG. NO.	
	CEASED NAME FIRST	MiDDLE	LAST	20 DATE OF DEATH MON	NTH DAY YEAR 26 HOUR
(TYPE	E OR PRINT) Rober	+ John	Stima	Ta	9 1981 6
3. SEX	X	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24
0	n - 1 -	1.11 11.	MONTH DAY YEAR	d 10	MONTHS DAYS HOURS
Zo. BI	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	11 19 0	9 BALTIMORE CITY OR C	YRS PEATH
	COUNTRY)	I. C C	MARRIED NEVER MARRIED	TO SALTIMORE CITY OF C	1 1 A
16	nnsylvania	USH	WIDOWED DIVORCED		rundel Co.
10 01	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 	NG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION (1) TOF WORK FOR MOST OF WO	12b KIND OF BUSINESS
	nnapolis	12 Murray	Avenue	Retired	Civil Servi
USU/	AL RESIDENCE (IF NURSING HOME OR COSTATE 136 COUNTY	OTHER INSTITUTION GIVE RESIDENCE BEFORE		S? 13e STREET ADDRESS / ZII	P CODE
r	mp A	A honor	YES NO I	12 Murray	11 /216
14 FA	ATHER'S NAME	The state of the s	15. MOTHER'S MAIDEN		INCHILE ATTO
N	I FIRST	AIDDIE CH LAST	O A FIRST '	MIDDLE	C hist
160 V	WAS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDRESS	miar
130		WAR OR DATES)	dud mill	1 O OL	same as
	7es 1942-	1944 27901-	of 4 III hildred	1 HoTimac	- #13
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	PART I. DEATH WAS CAUSED	E CAUSE (0)	adeas alex	(6)	Luciad
	Truvic Division				
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	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE		TERMINAL DISEASE OR CONDITI	ON GIVEN IN PART 1:0
NC	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	ENCE OF	terminal disease or Conditi	ON GIVEN IN PART 110
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FICATION	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE		200 AUTOPSY? 20	L IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH
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DHMH - 16 60M 7/84 (VRA 15, 4)

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 FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR			CERTII	ICAIL OI DEATH	REG. NO	٥.	
	CEASED NAME F	RST	MIDDLE	1	ASI	20. DATE OF DEATH		26 HOUR
(117			Γ		vers, Sr.		y 15,1986	9:05 &
3. SE		4. RACE		S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYEA	
	Male	White	9	Marc	h 19, 1915	70	YRS	
7a 8	IRTHPLACE (STATE OR FORE	IGN 76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED		R COUNTY OF DEATH	
	Maryland		SA	WIDOWE	DIVORCED		undel Count	У мо
	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 12b. KIND	OF BUSINESS OR
_	Glen Burnie		Arunde 1		tal	Security,	Retired	Distiller
13a.		COUNTY	130 CITY OR TOW		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	zip code ware Avenue	03.04
M	aryland	AA	Glen Bu	rnie	YES NO X		ware Avenue	2106
14 F.	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		ASL
	Godfrey	W.	Stiver	'S	Mary		Shi	pley
	WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECU		17 INFORMANT	ADDRE		1-4
	No	TES, SIVE WAR OR DATES	215-09-9	9749	Norman T. S	itivers, Jr.	Same as 13	
_	18 CAUSE OF DEATH	nter only ane cause per	line for (a), (b), an	id (c)	/		APPRO	DXIMATE INTERVAL N OMSET AND DEATH
	PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (a)	1 m	liac	HARRE	11	dia	tors
			RAS A CONSEQUE	ENICE de.	, , , ,	0		luo
	Canditions, if any, w		Tivers		is indenic	colon	1 1	140
	gave rise to immed	iate	R AS A CONSEQUI	00	Rieton		1	
		lost.	R AS A CONSECUI	ENCE OF			100	
	PART 2 OTHER SIGNIFI	CANT CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART	lía
NO								
ATI	190 DATE OF OPERATION	N 196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINE	
TEX						YES NOT	IN CERTIFYING CAUSE	NO []
CERTIFICATION	21a. ACCIDENT WAS UNDERLY				21¢ HOW INJURY OCCUR			
_	OR CONTRIBUTING CAUS	SE OF DEATH	M. MONTH D					
WEDICAL	(IF EITHER, NOTIFY MEDICAL E		M. OF INJURY	19	21f LOCATION			
ME	WHILE NOT WHILE	CAT HOME ST	REET, FACTORY, OFFICE F	FARM, ETC.)	STREET	CITY OR TO	WN COUNTY	STATE
	AT WORK AT WORK				12-1 10	1	15 10 8%	1/2
	22a.1 certify that (1) thi			86	nd that in (my) (aur) apinion	death accurred as the de	ate and hour and lear th	tho (I)/(we) last
	abave (I) (we) did)	(did not) fiew the body	after death.	0	0	ocam occurred on the de		
	22b. SIGNATURE	700			DEGREE ATTENDING	MEDICAL _ STAN		TE SIGNED
	M	Nath	->		PHYSICIAN	DIRECTOR PHYSIC		10-86
	22d. PHYSICIAN'S NAME	(TYPE OF PRINT)			22e ADDRESS			
	Hiroshi	Nakazawa 1	1. D.		3350 Wilke	ns Avenue,	Baltimore,	MD
23a.	BURIAL, CREMATION, REA			A	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
	Burial	Jan. 1	7,1986 N	1ea dov	vridge Mem. Pl	c. Elkridg	ge Howard	I MD

James S. Kirkley, Glen Burnie, MD

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 hours after death

should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/8 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE.

				STATE OF MA	ARYLAND 👸	6 0	0 2 7	0
	1.	FOR STATE	DE	PARTMENT OF HEALTH		IENE		
		REGISTRAR		CERTIFICATE	OF DEATH	REG. NO		
		CEASED NAME FIRST	MIDDLE	LAST			ONTH DAY YEAR	R 26 HOUR 50
	Cont	Tab	n Elm	er Stoke	5 Jr		1 31 8	6 1700 M
	1. SEX		I4 RACE	5. DATE OF BIRTH	7	6 AGE (IN YEARS LAST BIRTH		-
	2	male	Whit	NONTH	DAY OWN 7	~~		ATS HOURS MIN.
1	24. 81	HIHPLAGE IN ATE OR FOREIGN	76 CITIZEN OF WHAT COU	NITDY2 8 3 5 3	DAT	88	YRS COUNTY OF DEATH	
ð١	~	Edinilla)	78 CITIZEN OF WHAT COU	MARRIED	EVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
rs.	11	Jaryland	USH	WIDOWED	DIVORCED [Hone t	runde	1 Co. MD.
3	\sim	OF DEATH	(IF NOT IN SUCH FACILITY, GIV	NURSING HOME OR OTHE E STREET ADDRESS)	RINSTITUTION	120 USUAL OCCUPATIO	WORKING LIFE) WELLST	DOF BUSINESS OR
ú	P	nnapolis	Hone Arun		el bosostil	Retire	Con	1. 10
1	DSU/	AL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION GIVE RESIDENCE		SIDE CITY LIMITS?	13e STREET ADDRESS /	7ID CODE	
2	1	nD A		applis YES)	NO	IllTyler	(1)	0 21403
0	JA FA	THER'S NAME			THER'S MAIDEN NAM		17 / 1100	- 03.1 (U-
4		Tahin Flan	MIDDLE STAKE	S Sr C	FIRST	72	0	LAST
- f	Ide V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	L SECURITY NO. 17 INF	ORMANT	ADDRES	C	rrie
1	1		IVE WAR OR DATES)) I GHAA	50.7	1	Sam	e as
	_	110	214-1	6-6040 W	J. Cari	taStoKe		年1つ
		PART I. DEATH WAS CAUS	only one couse per line (a),	(b), and ic	1	-1	BETWE	RÖXIMATE INTERVAL EEN ONSET AND DEATH
			ATE CAUSE (a)	mutor	2 AMIL	V.		
			DUE TO, OR AS A GON	ISEQUENCE OF	11 0	1 -1		
		Conditions, if any, which	(16)	may true	weart (Herran	500	
		gove rise to immediate couse (0), stating the	DUE TO, OR AS A CON	O CENTERICE OF			- 1 11	
		underlying cause last	DUE TO, OR AS A CON	ISEQUENCE OF			The last	
		PART 2 OPHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT BE	LATED TO THE TERMI	INAL DISEASE OF COND	ITION GIVEN IN DARI	1 1/0
	Z	Klarul	1 6 31		LATED TO THE TERMI	INAL DISEASE ON COND	ITION GIVEN IN FAR	TIQ.
P	ATR	190 DATE OF OPERATION		WHICH OPERATION WAS I	PEREORMED	20a AUTOPSY?	206 IF YES, WERE FIN	DINGSTISED
7	CERTIFICATION		110	THE TOTAL TOTAL	EN ONNED	1 - 11	IN CERTIFYING CAU	SES OF DEATH?
	E	ACCIDENT WAS UNDERLYING	D IN THAT OF BUILDY	121-116	SW BILLIAN OCCUPA	YES NO	YES [NO 🗌
2	1000104	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		H DAY YEAR	JW INJURY OCCURRI	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART	2)
7	CAL	(IF EITHER, NOTIFY MEDICAL EXAMIN		19				
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		CATION	CITY OR TOW	N COUNTY	STATE
	2	NOT WHILE	(AT HOME, STREET, FACTORY, (OFFICE FARM EIC)	STREET	/ /-	1	STATE
		22a 1 certify that (I) (this bosy	ortal attended the deceased	from	19 74	10 1/281	10 86	, that (I) (we) lost
		sow the deceased alive a	n 1151	(// -	n (my) (aur) apınıan d	leath occurred on the date	e and haur and from	
		216. SIGNAZORE	m vight the blody after death.	DEGREE				
		PA -	1.000	DEGREE AN		MEDICAL STAFF		ATE MIGNED
_		Hom	will m	AV.	ATTENDING PHYSICIAN	DIRECTOR PHYSICIA		14/14
1		THE PHYSICIAN'S NAME (TYPE	OR PRINT)	22e AC	DDRESS			1 1
	-	Modney L.	Primball	M.D. Po	rest Dr	ive Anno	apolis M	Cu
	23a B	BURIAL, CREMATION, RIMOVA	L 23b. DATE	23c. NAME OF CEMETER		23d LOCATION	4	
	10	DLI DI AL	Feh41981	4.1100	pet	A CITY OR TOWN	I'S DUNTY	STATE
	24 FL	JNERAL DIRECTOR	11 60 7, 100	HILLER		REC'D. BY REGISTRAR 2	h REGISTRAR'S SIGN	NATURE
1	1	NAME	1 0h 101	DRECA		BO 6 4006		

STATE OF MARYLAND

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29 Jan. 86

Glen Burnie, Md.

STATE OF MARYLAND

	HEALTH AND MENTAL HYĞ FICATE OF DEATH				
	LAST	REG. NO. 26. DATE OF DEATH MONT	H DAY Y	EAR 25 HOUR	-ESI
CHARLES	STRAUSS, Sr.	SR JANU			1/018
	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER		
MONI	Ly 21 1000	06		DATS HOURS	MIN.
Ju J	ly 21,1899	9 BALTIMORE CITY OR CO	YRS DE DE A	TM	
MARRIE	ED NEVER MARRIED DIVORCED	ANN		EL_COUNT	TVMD.
GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WOR Time Keepe	KING LIFE) INDU	IND OF BUSINES	
IH ARUNDEI		lime Keepe	I IV	etired	
adena	130 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	code r Drive	21222	
LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE		LAST	
		N/A			
CIAL SECURITY NO.	17. INFORMANT	ADDRESS			
6-07-7656	Mamie Stra	uss wife same	as 13		
nt. (b), apd (c)	. /		10	WILLIAM	EATH.
rdio 1	sulmma	my arren	7 1	2 hou	10
OMSEQUENCE OF	Perofic Ca	rdin vane	ular		
onsequence of		disea	se i	2-yea	ess.
TING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PA	ART YO	
nfuse	in				
OR WHICH OPERATIO	ON WAS PERFORMED			FINDINGS USED AUSES OF DEATH	
1	71r HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT			
NTH DAY YEAR		TENTER SHIPE OF FIGURE			
RY ORY OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUP	NTY ST	ATE
	1/11 03	1/2	6	6	
ed from	19 8 2	, 10	. 19	, that (I) (au	
19 <i></i>	and that in (my) (aux) opinion	death accurred on the date of		1	led
	DEGREE	MEDICAL STAFF	774.	DATE SKINED	1
mo.	PHYSICIAN S	DIRECTOR PHYSICIAN		101/00	0
	22e ADDRESS	3708 MOUNTA	IN ROAT)	
M.D.	PASA	DENA MARYLAN	D 21122		
23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION	(0.44)		475
Glen Ha	aven Mem. Pk.	Gien Burni	e, AA	Mary Pon	A ROLL
ADDRESS Duponio	25a. DAT	FREED 2 RESISTED DE	GISTRAR'S SI	GNATURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

James S. Kirkley,

24 FUNERAL DIRECTOR

030096

FOR

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR	
- STATE	
REGISTRAR	

STATE OF MARYLAND STATE OF MARYLAND & 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0	0	2	6	10

u	REGISTRAR		CERTIF	FICATE OF DEA	TH	REG. NO).	77.9P	ES	T
/	FREDE I		STROE	SSNER		JANUARY	-	1986	1053	
2	1 5EX	4 RACE	5. DATE (OF BIRTH	6	AGE (IN YEARS LAST BIRTI	HDAY)	IF UNDER 1 YEAR	IF UNDER 2	24 HRS
ij	Male	White	MONT		YEAR	7.5		MONTHS DATS	HOURS	AR INI.
H	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W		15	10	. BALTIMORE CITY OF	YRS.	OF DEATH		
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-	SUAL RESIDENCE HE NURSING HOME OF	JTY 1	3L CITY OR TOWN	13d INSIDE CITY		3e STREET ADDRESS /				
3	Maryland	AA	Crownsville			1049 Omar I	Drive	21032		
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Ç	Otto		Stroessner	An	na			Toepf	er	
6	160 WAS DECEASED EVER IN U.S. AR		66 SOCIAL SECURITY NO	17 INFORMANT	77	ADDRE:	SS			
4	(14 YES, MO OR UNKNOWN) (15 YES, GI	E WAR OR DATES)	213-05-7986	Gertrud	e F./S	troessner,	1049 (Omar Dr.		
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4	RTIFF			V		YES NO	YES	s 🗆	NO [
1	OR COMPRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 71d INJURY OCCURRED WHIE NOT WHITE AT WORK 27a.1 certify that (1) (this hasp saw the deceased alive or the company of	HOUR A.M. P.M. P.	MONTH DAY YEAR 19 F INJURY ET, FACTORY, OFFICE, FARM, ETC.) deceased from 19 , o	211 LOCATION STREET and that in (my) (au DEGREE 27e ADDRESS	r) apinion de	CITY OR TOV STAF RECTOR PHYSIC HOSP ITAL D E, MARYLAN 1730 LOCATION	te and hour	county 19 to 19 t	hot (I) (w	ited
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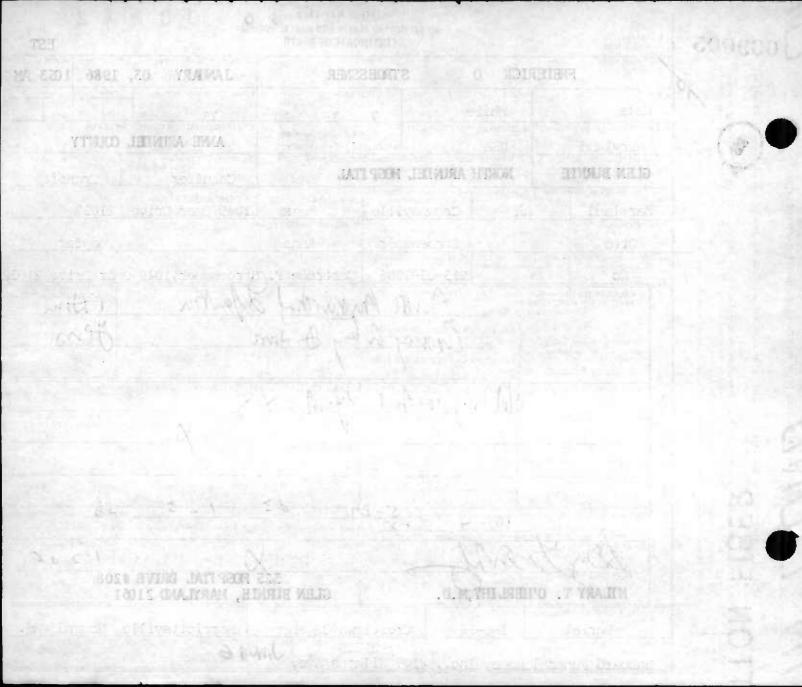
DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR. J thould be detached for use with this Stars Dept. of Hea-MPORTANT, if them 21 is m.

(VRA 15, 4)

24 FUNERAL DIRECTOR 21229 ADDRESS Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

250. DATE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE Marriottsville Howard



STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 20 DATE OF DEATH MONTH 25. HOUR FIRST DECEASED NAME STROOTMAN TYPE OF PRINTS RALPH 1015 IF UNDER I YEAR IF UNDER 24 HRS A. AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5. DATE OF BIRTH SEX DAYS BALTIMORE CITY OR COUNTY OF DEATH Th. CITIZEN OF WHAT COUNTRY BIRTHPLACE ARUNDEL ew York DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY GIVE RESIDENCE BEFORE ADMISSION 15 MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT rangelines 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Kespiratom IMMEDIATE CAUSE (0) DUF TO, OR AS A CONSEQUENCE OF Chronic Obstructive Polymona Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) NO None 20h, IF YES, WERE FINDINGS USED CERTIFICAT 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [YES [NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21e PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from... 19 86 _ and that in (my) (ever) opinion death occurred on the date and hour and from the causes stated deceased alive on 22c DATE SIGNED 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22ª ADDRESS 224 PHYSICIAN'S NAME (TYPE OF PRINT) 23c NAME OF CEMETERY OR CREMATOL 23c. BURIAL, CREMATION, REMOVAL 23b. DATE Duria

BP. DHMH - 16 25M

(VR A 15 (4)) 9/74

24. FUNERALDIRECTOR

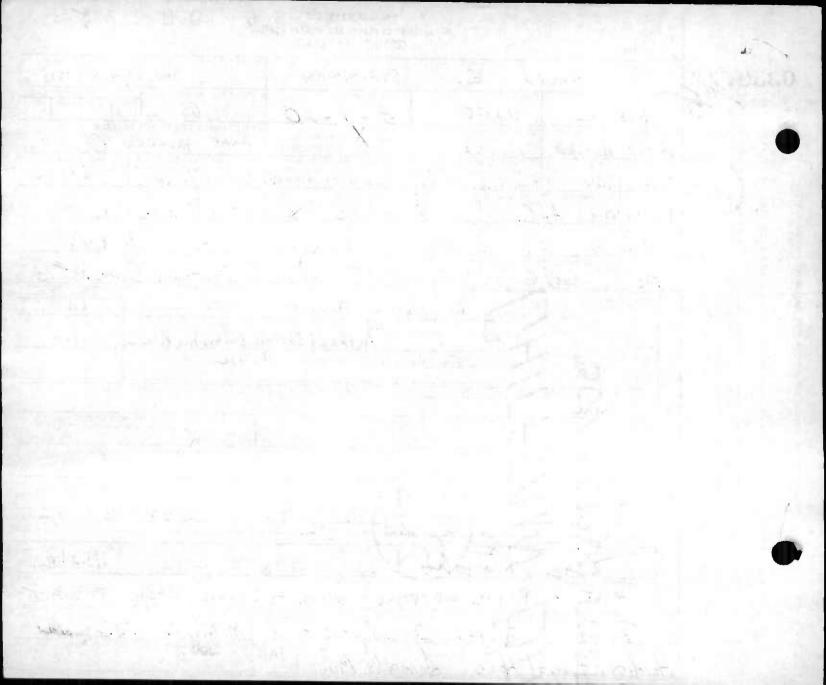
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STATE OF MARYLAND	6
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E
CERTIFICATE OF DEATH	

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0		
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(TEP	MARY	/ A			Sturmfelz		1 14	86	925 AM
3 SE	× Female	4 RACE	hite	5. DATE C		6 AGE (IN YEARS LAST BI	YRS IF UP	DER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	IRTHPLACE (STATE OR FO COUNTRY) Maryland		S.A.	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY		DEATH	MD
7	NAPOLIS	HUNE	TRUNDEL	ADDRESS 1	ENERAL HISP	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) Florist		26 KIND OF NDUSTRY	BUSINESS OR
13a :	STATE I	G HOME OR OTHER INSTITUTION TO COUNTY Q.A.	GIVE RESIDENCE BEFORE 13c CITY OR TOW Chester		13d INSIDE CITY LIMIA. YES 🅦 NO 🗌	Rt. 1, Ga			21619
A. F	Henry Monbe	MIDDLE erger	LAST		Catherine	Heimiller		LAST	
	MAS DECEASED EVER IN S NO OR UNKNOWN) NO	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	219-28-96		Carl W. Sturm	ADDR nfelz, III,	Rehobet 223 No	h, DE	
	PART I. DEATH WA	(Enter only one couse per S CAUSED BY:	er line for (o), (b), onc	Phre				APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
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	27b. SIGNATURE	ers (Blu	-67		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		27¢ DATE 5	1986-
	22d PHYSICIANISMAA	AE (TYPE OR PRINT)	CHUREIT		8 EVENGRE	en non	S GN PL	INA P	MIK 2114 P

FUNERAL DIRECTOR

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

01-18-86 Burial 24 FUNERAL DIRECTOR Tom Helfenbein Funeral Homes, Chester, MD 21619

236 DATE

730 BURIAL, CREMATION, REMOVAL

73¢ NAME OF CEMETERY OR CREMATORY

Pad tocation City OF TOWN

Baltimore City, Maryland

Druid Ridge Cemetery | Baltimore City, Maryla
| 1250 Date REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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SET	121	1 -	FOR STATE REGISTRAR		ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO		3
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Ame Arundel County Virginia U.S.A. MARKED TO INVOKED DIVORCED DIV	offer o	SEX			5. DATE OF BIRTH 07-21-19 MONTH H-21-19	66	YRS VONTHS D	DATS HOURS MIN.
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MATYLAND Stevensville No 201 Congressional Dr. 216 SMOTHER SMADE NAME 1851 1851 1852 185		SUA 30 S	Annapolis L RESIDENCE (IF NURSING HOME OR OTH	Anne Arundel Ge	eneral Hospital	Machinist	- Naval A	cademy
WAS DECEASED EVERTING U.S. ARMED FORCES? THE SOCIAL SECURITY NO. 2170-09-3901 Legore N. Taylor same as above 18 CAUSE OF DEATH. Enter only one couse per line for 10 (.16), and (c.1). PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (I). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse in international course in immediate course in international course i	one of the state o	N	HER'S NAME FIRST MIDI	A Stevens	VILLE YES NO STANDEN NA	201 Congr	essional D	
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	024 3		SNWATKIN	S	22e ADDRESS			

Woodlawn Cemetery

Easton

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Talbot

MD

1-26-86

Tom Helfenbein Funeral Home, Chester, MD 21619

Burial

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND STATE OF MARYLAND & 6 DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

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(E	RTI	FIC	ATE	OF	DEATH		REG.

	REGISTRAR				ICATE OF DEATH		REG. NO			
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3. SE	×	4. RACE	SOM	5 DATE C	OF BIRTH	6. AGE (IN YE	ARS LAST BIRTHDAY)	IF UNIDE	R I YEAR	IF UNDER 2
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Ma	ALRESIDENCE (IF NURS STATE Aryland	ING HOME OR OTHER INSTITUTION 136 COUNTY	Glen Bur	'N	138 INSIDE CITY LIMITS? YES NO 🔀	13e. STREET AI	odress Colby Ci:	rcle	210	61
14 FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA		MIDDLE		LAST	
-	Walter	Thirt Abuse service	Tellis		Unknown				imme	
	YES NO OR UNKNOWN)	IN U.S. ARMED FORCES?			17 INFORMANT Daug		ADDRESS 11			
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TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physicion and should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene priar to buriol, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital or attending physician

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

24 FUNERAL DIRE Singleton Funeral Home, Glen Burnie, Md.

28,1986 Glen Haven Mem Pk.

Pk. Glen Burnie A.A. 125 PATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE AN 28 1986 - w waydoon Rands

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A.A. according to the state of total allegator

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND 8 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

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18 CAUSE OF DEATH Enter only one couse per line for 10 L/Ds, and ic.	I4 FA		MIDDLE	TOOLES						WILLIA	MS
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272 certify that (1) (this hospital) attended the deceased from OCT 19 to Jaw 1986, that (1) (we) lost sow the deceased alive on 12 10 1981, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 272 SIGNATURE DEGREE 272 DATE SIGNED 273 DATE SIGNED 274 DATE SIGNED 275 ADDRESS 276 ADDRESS 278 ADDRESS 278 ADDRESS 279 ADDRESS 270 ADDRESS ADDRESS 270 ADDRESS AD		OR CONTRIBUTING CAUSE OF D	EATH HOUR A	M. MONTH DA		21c HOW INJUR	Y OCCURRE				
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and costohold be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or Item 18 shaws ony injury, ar other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

(VRA 15, 4)

74 FUNERAL DIRECTO Annapolis, Md. 21401 WILLIAM REESE & SONS MORTUARY, P.A.

JAN 13 1960

Author Design Comp. F. Branch Co. and forces 2 de CANTANA A.A. CHARLES and formed that Badder of the appropriate CE.E.E.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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may be page 3	3 SE		RACE RACE	5 DATE OF	BIRTH	6 AGE (IN YEARS LAST BIRTHD	AV) IF UNDER	LYEAR IF UNDER 24 HRS
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a com		AS DECEASED EVER IN U.S. AR		Sant L SECURITY NO 11	INFORMANT	ADDRES	189 Van	Buren St.
and and	- 1	ES NO OR INKNOWN) (IF YES, GIV	e war or dates) 212-	18-7691	Beverly	. Morgan f		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician.

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TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the bundi-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to buriol. crem. WAPORTANT: If Hem 21 is marked or Item 18.

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STATE OF MARYLAND	2 6
EPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

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FATHER'S NAME		WIDDLE	LAST			MAIDEN NAM	WE	WIDDIE			IAS	ST	
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220 I certify sow the	deceased alive or (we)(did)(did no	ital) attended th	e deceased from 3	1024 985,00	9 nd that in (my) & DEGREE	TENDING	death occurr	AV.	date and h	our and	Irom the	that (I) (v	we) lost
23a. BURIAL, CREMA	PH M		M.D.			, TAY		AVE		4711	MOR	2/2	40
(SPECIFY)	oval	1/28						Y OR TOWN		cou	NIY	5	TATE
24 FUNERAL DIREC		1/20/				Z5a DATE	REC'D. BY	REGISTRA	RI25h REG	ISTRAP'S	MANAT	LIRE.	

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Anatomy Board

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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leoth Par in 72,		RTHPLACE (STATEORE COUNTRY)		76 CITIZEN OF USA	USA WHAT COUNTRY? 8 MARRI WIDOW		NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
s offer d by the fu	10 CI	GLEN BURN		11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) NORTH ARUNDEL HOS				12a USUAL O	CCUPATION FOR MOST OF WORKING LIFE ING INSTALL	IZE KIND OF BI	OF BUSINESS OR Y
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on ond co	16a V	VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	579-14-4		17 INFORMANT Elizabeth J.	. Vogel	8293 Pond Millersvi	Court	21108
quires that the items signed by the Then please remain to buriol, cremain njury, or other trauma	NO	Conditions, if ony, gove rise to imm couse 103, stotin underlying couse	nediote ig the lost.	DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE HUNDER DIVINITIES TO D	/	e Brain NOT RELATED TO THE TERM	Des MINAL DISEASE	naso or condition give	10 d 3ye	are
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ig physici og physici certificate riol-tronsi entol Hygi Item 18 sh		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	TH HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTERNATI	URE OF INJURY IN ITEM 18 PA	RI OR PART 2)	14 13
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ATTENDIN spital or CTOR: Af I for use of of Health		220.1 certify that (1) sow the decease	ed olive on	11111	19_0		nd that in (my) (vr) opinion	death accurred	on the date and hour		(I) (Ne) lost ses stoted
TAL OR , y the ho RAL DIRE detoched fote Dept		27h SIGNATURE	lu	11 /	164		DEGREE ATTENDING PHYSICIAN [DIRECTOR [STAFF PHYSICIAN	1/15	96
O HOSPITAL etoined by the TO FUNERAL should be deto		HLLIO			8.		GLEN BU		WOOD ROAD ARYLAND 21	061	
BP	B	urial CREMATION	REMOVAL	JAN 17	,1986 Ft	. Lin	emetery or crematory coln Cemeter	23d LOCAT	Non RIOWN DWOOD, Pr.	George 1	
DHMH - 16 60M 7/84 (VRA 15, 4)	200	all Funera	I Hom		6000 Anna owie, MD			TE REC'D. BY RE	GISTRAR 256 REGISTR	AR'S SIGNATURE	

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Nurth JAN 17, 1986 Pt. Dincola Parel IF Brandwood, Pt. George's, Milled Deuts Deuts Bood Danie Bood Deuts De

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALLY GIONE

| 13d. INSIDE (ITY LIMITS? | 13e. STREET ADDRESS | NO | 148 MADISON PLACE 21401 NORRIS ADDRESS MARC N. WATERMAN ANNAPOLIS. MD21401 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES [] NOX 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE MD 1/30/86 Gregory R. Kauffman, M.D. 111 Penn St. Balto.MD. 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY GREEN MOUNT CEMETERY BALTIMORE, MARYLAND

REG NO

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DHMH - 17

(VR A15 ME (5))

EXAMINER'S NAME

230 BURIAL, CREMATION, REMOVAL 236 DATE

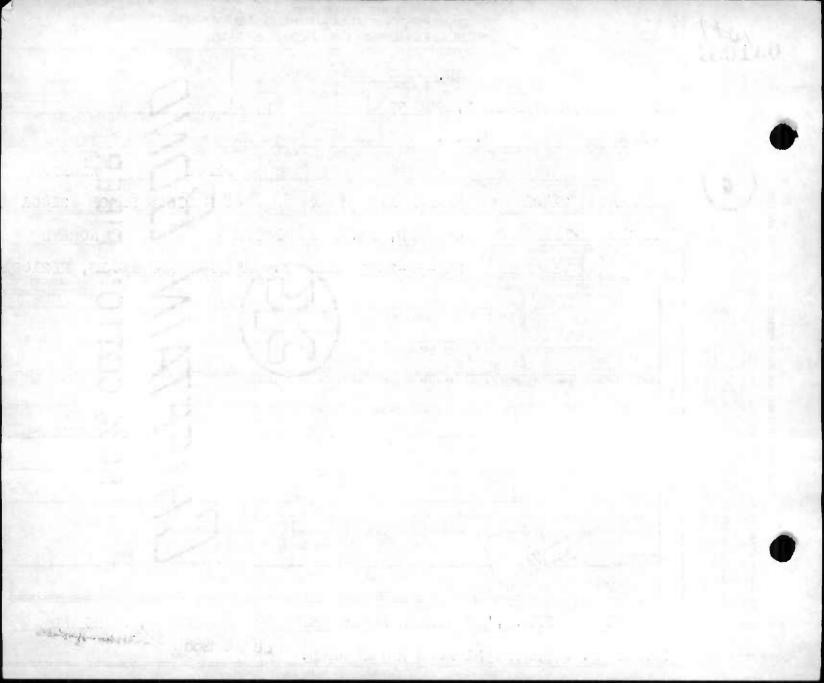
TYPE OR PRINT

24 FUNERAL DIRECTOR

- STATE REGISTRAR

WILLIAM E. JOHNSON8521 LOCH RAVEN BLVD

FEB.5, '86



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN. The low

1 - STATE 016142

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HIGIENE

REGISTRAR	R			CERTIFIC	ATE OF D	DEATH	REG. NO.					
I. DECEASED NAME FIRST (TYPE OR PRINT) PHILI			MIDDLE	LAST			20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR
		IPI	MARY	MARY WELLS		K325	1	5	86			
3. SEX		4 RACE		5. DATE OF	31RTH		& AGE (INYEARS LAST E	BIRTHDAY	IF UNE	ER I YEAR	# UNDER	24 HR
FEMALE		BL	ACK	WONIH	24	1903	83	YRS	MONTH	DAYS	HOURS	AA IN
78. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY?		8 XX		9. BALTIMORE CITY	OR COUN	TY OF D	EATH					
		C 4	MARRIED NEVER MARRIED									

70. BIRTHPLACE (STATE OR MARYLAND	MARYLAND U.S.A. MARRIED NEVER MARRIED WIDOWED DIVORCED		9. BALTIMORE CIT	ARUNDEL		M			
ANNAPOLIS 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF LIFE OF THE PROPERTY OF		ER INSTITUTION	12a USUAL OCCUP (TYPE OF WORK FOR MC		12b. KIND OF BUSIN INDUSTRY	JESS OF			
USUAL RESIDENCE (IF NURS 130. STATE MARYLAND	136 COUR A.A	VTY	GIVE RESIDENCE BEFORE A 13t. CITY OR TOWN ANNAPOLT	113d. IN	NSIDE CITY LIMITS?	13e STREET ADDRE 223 Gro	SS / ZIP CODE	21401	
14 FATHER'S NAME MOSES		WIDDLE	TELLS LAST	15. MG	OTHER'S MAIDEN NA		E	RIGGS	
160. WAS DECEASED EVER		MED FORCES? /E WAR OR DATES)	16b SOCIAL SECUR		HERINE JO	Annapolis, HNSON 223	DRMd. 21		
18 CAUSE OF DEAT PART I. DEATH W	VAS CAUSE	nly one cause per ED BY: TE CAUSE (0)	line for (a), (b), and FOSWW	1 //	· Fusce	ifes		APPROXIMATE INT	ERVAL ID DEATH

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	ATE CAUSE (0) FO SUND Pulle Jus Colfy	
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gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF prefutacen	

			YES NO	YES	S OF DEATH?
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN	ITEM TS PART T OR PART 2)	
WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
27s.1 certify that (f) (Nichapitel)	uttended the deceased from 7 -	20,1984	, to 1 - 3	19.86	that (I) lo

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED

	27x I certify that (I) (New hospite)	intended the deceased from	7-20	., 19 <u>84</u> , to_	1-3	. 19 86, that (I) (ma) lo
	office (I) is a like or office (I) office or office (I) of office or office	niew the body sifter death.	, ond that in (my) (opinion death occ	turred on the date and h	our and from the couses stated
ſ	TILE KONATURE	-2000-2000-000-000-	DEGREE			22c. DATE SIGNED

George (i) have a lit	ad neit sprew the boidy offer death.			
THE KINATURE	//	DEGREE		22c. DATE SIGNED
11	///		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	

	Jack R. Lichtenstein MT	20 Ridgely Av	Annapolismd 2140
7	23. BURIAL CRESSATION RESOURT 1235 DATE	122 NAME OF COMETERY OR CREWATORY 1224 LO	CATION

Nack K. LICHT	enstein IIII) Zoriagery	10 Hnno	your man	2140
23a BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION		
BURTAL	1-10-1086	WILL ODECH COMPRESSY	CITY OR TOWN	COUNTY	514

Annapolis, Md. 21401 24 FUNERAL DIRECTOR WILLTAM REESE & SONS MORTUARY P.A.

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attendin should be detached for use as the burial-transit permit. Then please remove carb with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or

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IMPORTANT: If Hem 21 is

MEDICAL CERTIFICATION

190 DATE OF OPERATION

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY

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LAST

- STATE REGISTRAR			CERTIFICATE OF DEATH	REG. NO.		
DECEASED NAME	FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
THE OWNERNIE	GEORGE _	(NMN)	Wengert, Sr.	JANUARY ?	16.86	1135
SEX	4 RACE		5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT DAY)	IF UNDER LYEAR	IF UNLER, JH
Male	Tarita	rmm.	MONTH DAY YEAR	EE	MONTHS DATS	HUUNS M

Male	WHITE	APRIL	5 - 30	55 YRS		1
GOUNTRY) Balto. Md.	USA	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY AA CO.	OF DEATH	N
Annapolis	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Machanic	12b KIND OF BUSIN INDUSTRY State of	
	HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE COUNTY A. A. CO. Pasade	N 113d 1		13e STREET ADDRESS / ZIP CODE 718 Birch Ave.	21122	

George		Wengert, Sr	Ida	М.	Weaver
		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
Yes	(IF YES, GIVE WAR OR DATES) Korean	217-26-3473	Anna L Wengert	(wife) Same	as 13

PART I. DEATH WAS CAU IMMEDI	SEÓBY. ATE CAUSE (0) Metastatic CA of Lungs	
Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
gave rise to immediate couse 101, stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0

198 DATE OF OPERATION	198 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	700 AUTOPST?	IN CERTIFYING CAU	
	Electrical Control of the Control of		YES NO	YES	NO 🗌
21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M 19	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF II	NJURY IN ITEM 18 PART I OR PART	(3)
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OF	town country	STATE
22a L cartify that (lighthis basaital)	attended the deceased from	10 0.0	10	10	that () (wa) la

sow the deceased alive on 1/20 obove, (1) (we) (did/(did not) view the body after	19 8 C'	ond that in	y) (our) apinion death accurred on the d	ote and have and from the causes stated
b SIGNATURE (D) PA	lin	DEGREE	ATTENDING MEDICAL STA	FF DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OR PRINT) FIN COLFILL

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

2000	100	OF THE PROPERTY OF THE	9/11
BURIAL, CREMATION, REMOVAL	23b. DATE	231 NAME OF CEMETERY OR CREMATORY 238 LOCATION	
(SPECIFY)	7 00	1006 GI - II - CITY OR TOWN	COUNTY

AA Co Md. Burlal Glen Haven Mem. Pk. Glen Burnie 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Singleton Funeral Home Gllen Burnie Md.

DHMH - 16 60M 7/B4

(VRA 15, 4)

O FUNERAL DIRECTOR: , hould be detached for use , ith the State Dept of Hea

MPORTANT

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W. PRESTON ST.

DIVISION OF VITAL RECORDS, 201

STATE

STATE OF THE STATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certified

etoined by the hospital or attending physician.

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may be

Ellisy the funeral director, page 3 be filed within 72 hours offer death

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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н		REGISTRAR				CERTIF	ICATE OF DEA	AIH	REG.	NO.			
h		EASED NAME	FIRST	,	AIDDLE	L	AST		20. DATE OF DEATH		DAY YEAR	2b. HOUR	
ı	{TYPE (OR PRINT)	Doris	5		W	helan		J	anuary	7 3 86	2:07	A
ŀ	3. SEX	(DOLL	4 RACE		5. DATE O	F BIRTH	6	AGE (IN YEARS LAST	BIRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 H	_
1		Female		Whit	:e	момтн	une 2,	1923		62 YRS.	MONTHS DATS	HOURS M	VIN.
d	To BIR	RTHPLACE STAT			WHAT COUNTRY?	8.		9	BALTIMORE CITY		OF DEATH		
1	C	Washin	aton I	C	USA	WIDOWE	DIX DIVO	RCED	Anne Ar	undel			MD.
1	10 C11	TY OR TOWN OF		11. NAME OF	HOSPITAL, NURSIN	G HOME O		JTION 1	20 USUAL OCCUPA		126 KIND C	OF BUTOWED	
4	0	Crofton			on Conv		cent Ce	enter	Clerk	I OF WORKING LIF	Bever	ages	
7	U UA	L RESIDENCE (#	NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY	HANTES IN	3e.STREET ADDRES	5 / 7IB CODE			
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t	-	THER'S NAME		MIDDLE			15. MOTHER'S M		MIDDLE		LA		
4	/	Robert		MIDDLE	Silcott		FIR	51	MIDDLE		LA	21	
1	16a W	AS DECEASED E	VER IN U.S. AR	MED FORCES? E WAR OR DATES)	579-20-		James	G Whe	24	04 Ma	ytime 1s, Mo	Drive	9
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ı	8			(c)									
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+	CERTIFICATION	19a DATE OF OP	ERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	AED.	20a AUTOPSY?	20b. IF YES	, WERE FINDI	NGS USED	-
ı	IFIC								YES T NOT		YING CAUSES	OF DEATH?	
4	ERT	21g. ACCIDENT WA	S UNDERLYING	216. TIME C	FINJURY		21c HOW INJU	RY OCCURRE	D (ENTER NATURE OF IN				
		OR CONTRIBUTING		in .		AY YEAR	7.5						
1	MEDICAL	214. INJURY OC	MEDICAL EXAMINER	P. 21e. PLACE		19	21f. LOCATION						
1	ME	WHILE NO	OT WHILE	(AT HOME, STI	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR	TOWN	COUNTY	STATE	
1		AT WORK A	II WORK	tal) attended th	e degeosed from_	12-2	9	19 85	1-3-		1986	that (I) (we)	lost
1		sow the de	ceased olive on	1-2	- 86 19	, or	nd that in (my) (or		oth occurred on the	date and hou			
1		27b. SIGK ATLIE	did (did no	t) view the body	ofter deoth		DEGREE				22c DATE	SIGNED	
			1	(1)	2010	no	ATT	ENDING		AFF	1	/3/86	
H	14	22d. PHYSICIAN	S NAME (TYPE O	OR PRINT)	-rec	110	22e ADDRESS	TSICIAN Q	DIRECTOR PHY	SICIAN [_
1				es, M.D.	To the			rofton	Centre,	Crofton	n, MD 2	1114	
1		URIAL, CREMATI	ON, REMOVAL	23b DATE	23c N	NAME OF C	EMETERY OR CR	EMATORY	23d. LOCATION				_
	- (1	Burial		6Jan	1986 F	niph	any Ep	iscon	CITY OR TOWN	stvil	le PO	STATE MC	_
1	24 FU	INERAL DIRECTO	R			100 100 1	MILY IND.	25e. DATE	REC'D, BY REGISTR.	AR 256. RECUST	RAR'S SIGNA	TURE	
		NAME ROL	pert E	Wilhe:	Lm ADDRESS	tlan	d. Md.	JAI	N 9" 1986	gul	ia Davidso	~ Bank	45
- 8				4241112									

DHMH - 16 50M 4/B3 (VRA 15, 4)

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IMPORTANT: If them 21 is marked or them 18 showerony injury, or other troumotic event.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending is should be detached for use as the burial-transit permit. Then please remove cornamy with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed.

250. DATE REC'D. BY REGISTRAR

25b REGISTRAR'S SIGNATURE

BP

DHMH - 17 (VR A15 ME (5))

07/84

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL BYGIONE

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STATE OF MARYLAND

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	1 - STATE REGISTRAR		CERTIFICATE OF DEATH REG. NO						ALC:	
	1. DECEASED NAME (TYPE OF PRINT)		B	V	VILLS	20 DATE OF DEATH	MONTH DA	86	26 HOUR 30 M	
	3. SEX	4 RACE B		5 DATE (6 AGE IN YEARS LAST BIR		UNDER : YEAR	IF UNDER 24 HRS	
	Maryland	U	SA	WIDOW		9. BALTIMORE GITY O	COUNTY	FDEATH	MD	
3	ANNA POLIS	M NOT PHO	HEN LINES TRACT	DORES	SPIFAL	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O House-wi	F WORKING LIFE)		F BUSINESS OR	
_	USUAL RESIDENCE HE NURSING HOME OF 136 STATE 136 COU		13c CITY OR TOWN Sunder1	٧	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		2	0689	
0	14 FATHER'S NAME FIRST Thomas	WIDDLE	tast Emerso		15 MOTHER'S MAIDEN NAME FIRST Rebecca			LAS		
2	160 WAS DECEASED EVER IN U.S. AI (YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES?	166 SOCIAL SECUI 216-4629	RITY NO	Lee S. Wills	7341 Cros		Forest	ville,Ma	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	inly one couse per ED BY: ATE CAUSE (0)		LE	MYOGARDIAL	INFARCTI	ONS		MATE INTERVAL ONSET AND DEATH	
	Canditians, if any, which	DUE TO, O	r as a conseque	NCE OF						
	cause (a), stofting the underlying cause lost.	DUE TO, O	R AS A CONSEQUE	NCE OF					1	
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 118	3	
}	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	198 DATE OF OPERATION 196. CONDITION FOR WHICH OPERAT			N WAS PERFORMED	200 AUTOPSÝ? YES NO	IN CERTIFYI	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO N		
1	OR COLUMNIC CENTRE OF OR	HOUR A.	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	TY IN ITEM 18 PAR	I OR PART ?}		
	THE EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE FA	ARM ETC 1	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	

220.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive an above, (I) (we) (did) (did not) view the body after death. and that in (my (our) apinion death occurred on the date and have and from the causes stated 226 SIGNATURE DEGREE 22c. DAJE SIGNED

MEDICAL

ROBERT SUITT EDEN 236 DATE

.1986

Jan.

ı	23a	BURIAL,	CREMATION,	REMOVAL
		(SPECIFY)		

Spencer E.

231. NAME OF CEMETERY OR CREMATORY

COUNTY STATE Calvert

DHMH - 16 60M 7/84 (VRA 15, 4)

PORTANIT

O FUNERAL

BP

Rurial
24 FUNERAL DIRECTOR

Box 31, Prince Frederick, Md JAN

Mt. Hope Chr.

em. Sunderland Calve
25. DATE REC'D. BY REGISTRALLY REGISTRAL'S

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE REGISTRAR

DEPARTME

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STATE OF MAKILAND	6		0	2,3	3
NT OF HEALTH AND MENTAL HYGIENE		V	U	20.00	0
CERTIFICATE OF DEATH					

S. EX		REGISTRAR				REG. NC).		
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TABST TA					YES NO	758 RedC	ZIP CODE dalk	OB	Mapol
The mass deceased ever in u.s. arresponses? The social security no 17 informant Address Address The social security no 17 informant Address	14. FA		UDDLE LASI		15. MOTHER'S MAIDEN NAM		,	LAST	,
THE DOT WAS DECOMPTION OF THE PART LORD THOU THE CAUSE OF DEATH ENTER ONly ONE COURSE DEVISED BY: Conditions, if ony, which gove rise to immediate course loil, stating the underlying course lost.	5	ames Hen	ry Willi	son	Mildud		Stro	itin	nan
TO DE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gover rise to immediate couse [a], stating the underlying cause lost.				SECURITY NO.	17 INFORMANT				
18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MANUS AAT MELAACIONS DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause lo), stating the underlying cause lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSES OF DAY. PART 2. OTHER SIGNIFICANT CONDITIONS CAUSES OF DAY. PART 3. OTHER SIGNIFICANT CONDITIONS CAUSES OF DAY. PART 3. OTHER SIGNIFICANT CONDITIONS CAUSES OF DAY. PART 3. OTHER SIGNIFICANT CONDITIONS CAUSE OF CAUSE O	17		WARDROATEST 24-	30-344	ELIZABETH	W. WILSO	N SAME	AS	13E
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		JACES & TEI	1 /		139 000				
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BURTAL 1-21-86 HILLCREST CEMETERY ANNAPOLIS ANNE ARUN	B	UR"I A L	1-21-86	HILLC	REST CEMETER	RY ANNAPO	LIS AN	NE A	RUNDÉ

DHMH - 16 50M 4/83

TO HOSPITAL

TO FUNERAL DIRECTOR. After this certificate has been signed by the a should be detached for use as the burial-transit permit. Then please remaint the State Dept. of Health and Mental Hygiene prior to burial, cremainth the State Dept. of Health and Mental Hygiene prior to burial, cremainthesis.

(VRA 15, 4)

24 FUNERAL DIRECTOR
ROBERT E. EVANS ANNAPOLIS, MARYLAND 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR ASIGNATURA D



year	1-	STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	
		EASED NAME FIRST SHEVE	MIDDLE	Wilson	to Date of Death	8 86 4 4 A
-	SEX		4 RACE		6. AGE (IN YEARS LAST BIRTHDAY)	18 86 4 AM
· ·	SEX	Hale	Caseasian	5. DATE OF BIRTH MONTH DAY YEAR 9 08 53	32 YRS	MONTHS DAYS HOURS MIN.
85		THPLACE MAPPORAN	SCITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	OF DEATH CO.MD
10	i CII	PEVERNA PARK	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST, OF WORKING LII FOOD OM 1 3	126 KIND OF BUSINESS OR
	5UA 130. S		A 1 1	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	13/1/1/
OT TO) FA	HER'S NAME REST	W W, 15	15 MOTHER'S MAIDEN NAMED IN THE PRINT MA	WE	Wilson.
0		AS DECEASED EVER IN U.S. ARA 5, NO ORUNKNOWN) (IF YES, GIVE	AED FORCES? 166. SOCIAL SECUL WAR OR DATES! 217-49	1-6921 Victor	a E. Wilson	SAME AS Above
Mary In		PART I. DEATH WAS CAUSES	y one couse per line for (o), (b), one BBY, E CAUSE (o) Fes pirac	1 1/		BETWEEN ONSET AND DEATH
and the same of th		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF adenoid c	ystic careino	ma 21/2 years
other tru		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF Carchona	of parotidelan	d 5 years
o danto		PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to b</u>	EATH BUT NOT RELATED TO THE TERM	IINAL DISEASE OR CONDINON GIV	/EN IN PART 10
1	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA! (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 1	PART I OR PART 2)
pod /	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE F)	211 LOCATION	CITY OR TOWN	COUNTY STATE
21 is mor			ol) ottended the deceosed from	October 10 83	deoth occurred on the date and hou	19 86 that (1) we) lost up and from the couses stated
. If Hem		22b SIGNATURE	live the body fifter deoth.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DAJE SIGNED
MPORTAN		Victor X. R	isch 40	the Johns A	to phin Oneole	10/10
3 1		URIAL, CREMATION, REMOVAL PECHY) Creena 4, on	11 "	IAME OF CEMETERY OR CREMATORY Jestview Crematory	23d LOCATION CITY OR TOWN	COUNTY STATE
OM 7/B4		NERAL DIRECTOR NAME BEFFANCO F. H.	ADDRESS,	y Severna Park, HO FE	REC'D. BY REGISTRAR 25h, REGIST	

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL SYGICHE

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021081	T DEC	EASED NAME	FIRST		WIDDLE		LAST		2a DAT OF DEAT	ESTI.			Zb. HOUR
PY, PLEA DIRECTO DUR FILE 72 HOUS	Ma	le	4. RACE White	S DATE OF BIR	TH YEAR 23, 1925	LAST BIRTHDAY)	ON JR	HOURS A	HRS. 20 DA		1-11-86	YEAR	1:50E
MINISTER A) FOI	RTHPLACE (ST		76. CITIZEN OF	WHAT COUNTR	1 N	IDOWED 🔀	NEVER MARRIED DIVORCED	임.	imore city of	del Coun		MD
ELAY IS TO THE P PANCE BE FILED X 201 V	4	Glen B	urnie /	North	HOSPITAL, NURS HEACILITY, GIVE STRE Arunde 1	Hospit			FOR MOST OF V	VORKING LIFE)	eeWest:	OR INDUSTR	RYCori
ANN D AND 3 AND 3 ACTAN COUD	M	D	(IF IN NURSING AOME O	R O PA INSTITUTION	13c. CITY O	FORE ADMISSION) OR TOWN	13d. INSIDI YES			Ritch	ie Hwy	. 21	225
DEATH DEATH OF STATE	20	Frank	D EVER IN U.S. ARA	MIDDLE	W 1	SON ALSECURITY N		HER'S MAIDEN FIRST	NAME	ADDRESS	L	yon_	-6
BALTIM BS AFTER G-VE PA MITH FOR PAGES DIVISION	1	S, NO, OR UNKNO	F DEATH (Enter and	WAR OR DATES]	219-	-14-5		leste	Patter	Port	Huener	APPROXIMATE	INTERVAL
A 02039	7	PARTIDE 888	ATH WAS CAUSED	BY: E CAUSE (a)	Cranio-C	cerebra	1 traum	a	10	-513	BET	TWEEN ONSET	AND DEATH
LRECORDS, JOHN BENDERS OF THE SENDINGS IN PENDINGS OF THE SENDINGS OF THE SEND		gave ris	ns, if any, which se to immediate stating the <u>under-</u> se last.	(b)	OR AS A CONSE	EQUENCE OF							
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SHOULD PER WELL ME USED A CHIEF ME USED A CHIE	CERTIFICATION	19a, DATE OF	OPERATION	19b. CON	NDITION FOR W	HICH OPERAT	ON WAS PERFO	ORMED?			201	1EADSY (ONLY)
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DIVISION THIS CERTIFIC WRITING TH VARDED TO AGE 3 SHOUL ATE DEPART	MEDICAL		NOT WHILE	STREET,	unknown)	unknov	vn	GT&	h°™Burni	e, Mary	land	STATE
ALEXAMEER THE CENTRE OF THE CE	2	22a. I certii death resulta ACTUAL SIGNATURE	fy that I took charged from: Notur	e of the remains of causes ,	Accident [TITLE	Inspection micide	Undetermined	monner,	DATE 1 - SIGNED	12-86	
TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL I AFTER DEATH	4	EXAMINER'S (TYPE OR PRI	111		. Korell			1 Penn S					
7/84 BP	(5	JRIAL, CREMA PECHY) Buria: JNERAL DIREC	TOR				ery or crema	m. Gar	23d. LOCATION CITY OR TOWN LaVa C'D. BY REGIST	ale. A	COUNTY Llegany ISTRAR S SIGNA	ST. MD	ATE
DHMH - 17 (VR A15 ME (5)	T47 -		G. Kigh	nt Ci	mberla	and, M	D	'JAI	C'D. BY REGIS	186	L 3 ML 12000V	Manda	(III) _p

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Hale White Feb. 23, 1925 69

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.D City Baltimore . 4304 hitchie Ewy. 21225

Celeste Patten Port !!uenemo, Calif

Durial Jan. 15, 1985 Rest Lawn Lem. Gar. Lavale, Allogany 10 William G. Kight Cumberland, No. 188

16103	1	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	STENE 6 0 0	29/ EST
TOTOR		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR M HOUR
1 85		JOHN	Albert	YIRKA	JANUARY	8, 1986 119 AM
ge 4 mo edoc, po ri other	3.56	Male	White	5. DATE OF BIRTH MONTH DAY YEAR 12 10 05	6. AGE (IN YEARS LAST BIRTHDAY) 80 YRS	MONTHS DAYS HOURS MIN.
I HE		Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN ANNE ARUNI	
(1)	18	GLEN BURNIE		G HOME OR OTHER INSTITUTION ADDRESS! L HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Retired	126 KIND OF BUSINESS OR INDUSTRY
		STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13. CITY OR TOW Baltimo	I 13d. INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CO 1623 Spruce	ope St, 21226
11120	1411	lbert Yirka	MIDDLE LAST	IS MOTHER'S MAIDEN NA Sophia	MIDDLE	Kopachia
Puga C		WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECUL IVE WAR OR DATES) 217-32-		Yirka same	as #13
ers that the death certifical plays on please certainly about the certain and a second plays busing, cremation, an embed by, or ather troumatic event,		PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate cause Io1, stofing the underlying cause last	DUE TO, OR AS A CONSEQUI (b) CATE DIA DUE TO, OR AS A CONSEQUI (c) HUTE	ENCE OF ARREST		APPOXIMATE INTERVAL BETWEEN ONSET AND DEATH
4 4 4	N S	METATI	THE CARLINON	7.		
he fow on. her ber to permit	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
G physical control of the control of		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DE	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM II	8 PART I OR PART 2)
of the first of th	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	PARM ETC) 21F LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDIS r hospital or DRECTOR, A ched for site: Dept. of Health	100	220. I certify that (1) (this hosp saw the deceased alive of above, 11 we did (did to 22b. SIGNATURE	ortal) attended the deceased fram_n_1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	DEGREE	death accurred on the date and h	. 19
SPITAL SP		224 PHYSICIAN'S NAME (TYPE	10 mg - True	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN DRIV	VE. SUITE 500 /04
TO FUN TO FUN TO FUN THOUGH IS THE THE			-HYMAN, M.D.	GLEN BU	RNIE, MD 21061	-,,
BP		BURIAL, CREMATION, REMOVAL (SPECIFY Burial	1-11-86 C	edar Hill Cem.		BANKS. MD
DHMH - 16 60M 7/84 (VRA 15, 4)		Culty Funera	al Home 237 E.	Patapsco Ave.	TE REC D. BY REGISTRAD 256 REGI	ISTRAR'S SIGNATURE

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